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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/13/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: OxyContin 40mg #90, OxyContin 20mg #90 and office visit

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Family Medicine

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that medical necessity for the requested OxyContin 40mg #90, OxyContin 20mg #90 and office visit has not been established

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Medication worksheet undated
Clinical records without signatures 10/09/13-01/08/14
Prior utilization report 01/15/14
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who sustained an injury on xx/xx/xx. From the provided medication worksheets the patient had an extended use and extended history of oxycontin use at 20 and 40mg since at least November of 2012. The patient was being followed for complaints of low back pain radiating to the lower extremities with associated dysthesia and burning sensation. Per the clinical records the patient utilized oxycontin for over 10 years. There were no documented toxicology results or long term opioid risk assessments. Per the clinical record on 11/08/13 the patient had failed a previous spinal cord stimulator and intrathecal pump. The patient had a substantial number of injections to address RSD symptoms in the lower extremities. Physical examination was within normal limits with the exception of diminished sensation to light touch pin prick and position. The most recent assessment on 01/08/14 stated that the patient had been recently recommended for weaning. The patient continued to report good pain relief with the use of oxycontin. No specific physical examination findings were noted at this visit. The use of oxycontin in 20mg and 40mg formulations 90 tablets each was denied by utilization review as there was no evidence of any condition severe enough to warrant ongoing use of oxycontin. There was no documentation regarding pain coping skills to be addressed or why weaning had not been attempted at this time. There was also no specific regarding overall functional improvement or pain reduction with the use of oxycontin to date.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for a long history of chronic RSD symptoms in the lower extremities. This had not improved with previous spinal cord stimulator use or intrathecal medications. The patient was reported to be stable with the use of oxycontin both at 20 and 40mg up to three times per day. The clinical documentation submitted for review did not include any recent toxicology results or long term opioid risk assessments which would be indicated for this extensive medication use. It is noted that the patient is currently utilizing a daily morphine dose well in excess of the maximum recommended by guidelines. With this excessive use of narcotic medications there is no evidence of any substantial functional improvement or pain reduction that would support the continuing use of oxycontin at this time. Although it is noted that weaning was discussed for this patient, it is unclear if this has been attempted to date. Given the long term history of narcotics use, weaning would be appropriate as outlined by guidelines. Without evidence that the patient achieves substantial functional improvement or pain reduction with the continuing use of narcotic medications, it is the opinion of this reviewer that medical necessity for the requested OxyContin 40mg #90, OxyContin 20mg #90 and office visit has not been established and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A

DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)