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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/27/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: methadone HCL tabs 5 mg-non-formulary DEA Class 11 (narcotic/pain) QTY: 90 D/S: 30

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

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

- 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 this reviewer's opinion that medical necessity for methadone HCL tabs 5 mg-non-formulary DEA Class 11 (narcotic/pain) QTY: 90 D/S: 30 is not established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical reports dated 04/28/09 – 12/28/12
Clinical report dated 01/25/13
Clinical report dated 02/19/13
Clinical report dated 02/26/13
Clinical report dated 03/28/13
Clinical report dated 05/14/13
Clinical report dated 06/25/13
Clinical report dated 08/07/13
Medication evaluation report dated 05/12/13
Prior utilization reports dated 10/31/13 & 11/20/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who sustained an injury on xx/xx/xx. No original mechanism of injury was noted. The patient was diagnosed with failed back surgery syndrome, fibromyalgia, and sacroiliitis. The patient had been followed for several years since 2009 per the clinical documentation provided. The patient was utilizing Methadone since at least August of 2009. Other treatment has included trigger point injections. Per the clinical report on 01/25/13, the patient was utilizing Methadone 5mg every 8 hours. Other medications included Lyrica. The patient's pain score as of this visit was 6/10. Per the report, the patient's last urinary drug screen was completed in March of 2010. Physical examination at this evaluation demonstrated a positive Patrick's sign to the right with myofascial tenderness noted over the trochanteric bursa and iliotibial band. There was also tenderness over the right piriformis, pelvis, and buttocks. The patient was recommended for sacroiliac joint injections at this visit. The sacroiliac joint injection was completed on

02/19/13. Follow up on 02/26/13 stated the patient did have 50% reduction in pain following the injection. The pain score at this visit was 4/10 on the VAS. No medication changes were noted. Physical examination was limited to vital signs only. The patient was prescribed a compounded topical medication at this visit that included Ketamine, Diclofenac, Doxepin, Gabapentin, Bupivocaine, and Orphenadrine. Follow up on 03/28/13 indicated the patient had a substantial increase in her pain score to 9/10 due to a recent fall secondary to neuropathic pain. Physical examination at this visit demonstrated diminished sensation in the lower extremities as well as reduced reflexes. The patient was prescribed a Medrol dose pack at this visit.

The patient returned on 05/14/13 following recent epidural steroid injections which provided approximately 70% relief of pain. The patient reported pain 8/10 on the VAS at this visit. No changes in medications were noted and the patient reported relief of symptoms with the use of Methadone. The patient also reported improvement in neuropathic symptoms with the use of the compounded medication previously prescribed. Physical examination demonstrated continued loss of sensation in the lower extremities with allodynia in an S1 distribution. Refills for the compounded topical medication were noted and the patient was scheduled for further epidural steroid injections. Follow up on 06/25/13 reported pain 7/10 on the VAS with some temporary relief with medications. The patient indicated her pain was worse since the previous visits. The patient denied any side effects from medications. Physical examination was limited to vital signs only. The patient did have an epidural steroid injection performed at this visit. Follow up on 08/07/13 stated that the patient continued to have pain primarily in the low back. Recent epidural steroid injections did improve lower extremity burning sensations. The pain score was 4/10 on the VAS. The patient felt her pain was improving since the previous visits. The patient described 50% or more relief with the use of oral medications including Methadone. No medication changes were noted and physical examination demonstrated tenderness present in the ischial tuberosity as well as the lower extremities. A urinary drug screen sample was obtained at this visit.

The use of Methadone 5mg was modified by utilization review on 10/31/13. The report indicated that there were no recent urinary drug screen results and no information regarding a narcotic contract. There was limited documentation regarding improvement in the patient's functionality. The patient was recommended for 60 tablets only on this utilization review for weaning of the medication.

Methadone 5mg, 90 tablets for 30 days was denied by utilization review on 11/20/13 as there was no recent opioid agreement, lack of a recent assessment, and insufficient data regarding functional improvement or pain relief to support the continuation of Methadone.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for ongoing chronic low back pain consistent with failed back surgery syndrome since 2009. The patient has been followed and has utilized Methadone since at least 2009. It is noted in previous reports that weaning was recommended; however, this was never completed. The most recent clinical assessment was from August of 2013 and did describe more than 50% improvement in regards to pain with the use of oral medications. This is not consistent with the patient's ongoing pain scores which have ranged from 4-9/10 on the VAS. It is also unclear what component in the patient's pain relief has been secondary to interventional procedures such as sacroiliac joint injections as well as epidural steroid injections. It is unclear what the patient's recent urinalysis were in regards to the use of Methadone and there is no documentation regarding long term opioid risk assessments which would be indicated for this patient given the long term use of Methadone. Furthermore, there is no documentation that the patient has had routine an EKG evaluation which is recommended with the chronic use of Methadone. Furthermore, no recent clinical assessment of this patient was made available addressing any of the prior reviewer's concerns. Given the lack of recent assessments for this patient demonstrating continued functional improvement or pain relief with the continued use of Methadone, the lack of any recent toxicology results showing consistent findings for Methadone, and as there are no long term opioid risk assessments for this patient, it is this reviewer's opinion that medical necessity for

methadone HCL tabs 5 mg-non-formulary DEA Class 11 (narcotic/pain) QTY: 90 D/S: 30 is not established. As such, 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

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

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)