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Notice of Independent Review Decision

July 8, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OxyContin CR 20 mg and hydrocodone/acetaminophen (APAP) 10/325 mg

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Pain Management Physician

REVIEW OUTCOME:

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Utilization review (05/02/14, 06/16/14)
- Office visits (11/26/13 – 04/24/14)
- ESI (03/05/14)
- Utilization review (12/05/13, 05/02/14, 06/16/14)
- Office visits (11/26/13 – 05/29/14)
- Utilization review (12/05/13, 05/02/14, 06/16/14)
- ESI (03/05/14)
- Urine drug screen (04/24/14, 05/29/14)

Patient:

- Letter (06/25/14)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who on xx/xx/xx, sustained injuries to the cervical and lumbar spine. The exact mechanism of injury is not available.

On October 31, 2013, evaluated the patient for neck and arm pain. reported that the patient had undergone cervical epidural steroid injection (ESI) via epidural catheter. The patient reported a pain level of 7/10. Examination showed good manual motor testing in finger–thumb opposition, hand extensors, biceps and triceps. She had limited range of motion (ROM) in abduction in the shoulder and arms. She was limited in extension and rotation in the cervical spine with pain. diagnosed postlaminectomy syndrome and refilled medications to included hydrocodone/APAP and OxyContin.

On November 26, 2013, noted that ESI helped the patient dramatically. Examination revealed good manual motor testing and finger-thumb opposition, hand extensors and biceps and triceps. refilled medications and recommended follow-up in one month.

Per utilization review dated December 5, 2013, the request for OxyContin CR 20 mg 90 tablets per month for six months was authorized.

On December 26, 2013, evaluated the patient. The patient had surgery on her neck and had done multiple different injections. had epidural catheter threaded up to the epidural space from the thoracic spine due to extensive amount of surgery. Examination findings were unchanged. refilled medications.

2014: On January 30, 2014, noted ongoing neck and arm pain. The patient reported a pain level of 5/10. She was utilizing Norco and OxyContin. Examination findings were unchanged. assessed postlaminectomy syndrome of the lumbar spine and refilled medications.

On February 13, 2014, evaluated the patient. The patient had a history of surgery on her low back. She rated her pain at 8/10. Examination showed positive sitting root test on the right, extension and extension rotation increasing pain, difficulty heel and toe walking, pain with palpation of the lumbar spine, pain on the left. discussed lumbar facet injection at L2 through S1 for the diagnosis of postlaminectomy syndrome of the lumbar spine.

On February 27, 2014, noted neck and arm pain. The pain level was 7/10. Examination findings were unchanged. assessed postlaminectomy syndrome of the cervical spine and performed urinalysis testing.

On March 5, 2014, performed lumbar facet injections at L2-L3, L3-L4, L4-L5 and L5-S1 on the right under x-rays C-arm guidance.

The patient was seen who noted that the patient was to seen for neck pain. The patient was utilizing Norco for pain. Examination showed decreased ROM, pain on palpation and spasms of the cervical, thoracic and lumbar spine. Diagnosis was failed back surgery. The patient was recommended to see. The patient was placed off work and was to follow-up in September.

On March 27, 2014, the patient reported that the facet injections L3 through S1 on the left helped her about 50-60% for a day or two and her pain started to come back. The pain level was 7/10. Examination showed absent deep tendon reflexes in the knees and ankles, positive sitting root test at extremes, difficulty heel and toe walking and antalgic gait. The patient received refills of her medications. recommended proceeding with an ESI by the caudal approach.

Per medication list, the patient was on OxyContin and hydrocodone/APAP from May 11, 2013, through March 31, 2014.

In a letter of medical necessity dated April 24, 2014, reported that the patient had originally injured herself in xx/xxxx. She had her first surgery on her neck in March 1998, and then a subsequent surgery in 1999. She was taking her pain medications faithfully. She had not abused her medications and had extensive hardware put in her neck. She still would end up having some neck and arm pain, which had responded nicely in between times to the injections. requested oxycodone as it was needed just for everyday activities of daily living (ADL).

On April 24, 2014, the patient underwent a urine drug screen which was positive for hydrocodone, hydromorphone, oxycodone and oxymorphone.

Per utilization review dated May 2, 2014, the request for hydrocodone, acetaminophen 10/325 mg and OxyContin CR 20 mg was denied. The rationale was as follows: *"In my judgment, the clinical information provided does not establish the medical necessity of this request. The Official Disability Guidelines recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Regarding hydrocodone/acetaminophen, there is no current indication of the patient's*

specific functional response to this medication. Therefore, medical necessity is not established for hydrocodone/acetaminophen. In regards to OxyContin, again, there is no current indication of the patient's specific functional response with opioid medication. Medical necessity is not established for OxyContin."

On May 29, 2014, noted the patient continued to have pain in the left arm rated at 7/10. On examination, the patient had good manual motor testing except for finger thumb opposition and triceps on the left which were weak. The patient had pain with extension, rotation, forward flexion of the cervical spine. She had pain on palpation of the facets. refilled her medications and recommended putting her for surgical ESI via epidural catheter.

On May 29, 2014, the patient underwent a urine drug screen which was positive for hydrocodone, hydromorphone, oxycodone and oxymorphone.

On June 16, 2014, the appeal for hydrocodone/acetaminophen 10/325 mg and OxyContin CR 20 mg was denied: *"In my judgment, the clinical information provided does not establish the medical necessity of this request. The Official Disability Guidelines recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Treatment notes indicate the patient with subjective pain complaint with no objective measures describing functional gains directly attributed to the hydrocodone. There has also been no psychological profile assessment to rule out any behavioral psychiatric disorder that would contraindicate the use of this medication. Discussions made regarding subjective pain benefit with medication but no objective measures given in terms of improved levels of ADL function or mobility. No report regarding duration of pain benefit of this medication. Medical necessity has not been established for hydrocodone/acetaminophen. Treatment notes indicate the patient with subjective pain complaint with no objective measures describing functional gains directly attributed to the oxycodone. There has also been no psychological profile assessment to rule out any behavioral psychiatric disorder that would contraindicate the use of this medication. Discussions made regarding subjective pain benefit with medication but no objective measures given in terms of improved levels of ADL function or mobility. No report regarding duration of*

pain benefit of this medication. Medical necessity has not been established for oxycodone.”

In a letter dated June 25, 2014, the patient reported that she had surgery for herniated disc at C5-C6 in 1998 followed by a wiring procedure from C4 through C7 in 1999. She had ongoing bulging disc at C7-T1. Post surgery she had tried a number of medications unsuccessfully. She was allergic to aspirin and was unable to take nonsteroidal anti-inflammatory drugs (NSAID), Motrin, Vioxx and Celebrex (due to adverse reactions). She was in constant pain, which centered in her neck and traveled down the shoulders into the arms, hands and fingers as well as of the side of her head (usually the right side to the temple and down the spine in the mid back. She also had tingling and numbness in the extremities, had difficulty grasping items, and frequently stumbled. She was using a cane full time. She could reach overhead and turn her head side to side to look up and down, but doing so caused a backlash of pain requiring breakthrough medication, ice and reclining or lying down. She was sitting in an upright position (straight chair) etc for more than 45 minutes to an hour causing deep, aching pain in the neck, shoulders and arms. Again requiring extra medications and resting. Over the years, the situation had slowly become worse. By prescribing OxyContin and hydrocodone as well as doing periodic epidural injections, had provided with substantial relief. She had remained on the same dosage of OxyContin since the beginning. The hydrocodone was used for breakthrough pain and she used as little as one 10/325 pill per day for several months after an injection. That would increase to as much as three or three and a half a day 12 to 16 months after an injection at which point she needed another injection to help moderate the pain. With the oral medications and injections, she was able to get up two to three hours of sleep at a time before moving to a reclining chair or so far for hopefully another one to two hours. She was also able to take part in water therapy two to three times a week and strengthening exercises one to two times a week. The OxyContin allowed her to function enough to care for herself and help her husband with the house. The hydrocodone used for breakthrough pain was fairly common with activity. Preparing a meal, sweeping and making a bed all increased her pain, which might require the extra medication as well as lying down. Traveling in the car was one of the most painful things, but they could not be avoided. The hydrocodone helped to recover from the effects of the car time and extra activities along with the use of rest and ice. With the medications/treatment, she was able to function and maintain some quality of life by controlling the pain at a tolerable level. Without the medications and treatment, she was unable to sleep more than one half to two and a half hours at a time before she must move to another location to try to get more sleep. She could not function at an acceptable level to achieve reasonable activities. Pain forced her to bed and there was very little quality of life in those circumstances. had tried to reduce oral medication before unsuccessfully. Over a six weeks period dosage was reduced to half, unfortunately, the pain and symptoms increased until the patient was forced to return to prior/current dosage. She also reported an occasion of misuse of OxyContin and the pain was debilitating until she could recover. The patient felt that she had done all she can to alleviate pain and symptoms by altering the way of doing things.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The notes provided do not adequately justify long term treatment with opioids. The clinic notes are extremely brief, and fail to establish a clear connection between pain, pathology, and relief using opioid based chronic pain medications.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES