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Notice of Independent Review Decision

Date notice sent to all parties:

March 6, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Exalgo 16mg once daily for 30 days.

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

Board Certified PM&R; Board Certified Pain Medicine

REVIEW OUTCOME:

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

Overturned (Disagree)

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The patient has been followed for chronic complaints of neck and low back pain. No specific mechanism of injury was reported. The patient is noted to have had a prior history of both neck and low back surgery to include fusion. Toxicology results from 12/17/13 showed an inconsistent result for Benzodiazepines. There were positive results for Buprenorphine as well as Methadone. The patient also had positive findings for Oxycodone. The patient was seen on 02/03/14 with continuing complaints of pain ranging between 4-7/10 on the VAS. The patient was reported to be making good progress with physical therapy. On physical examination, the patient did demonstrate improved range of motion in the lumbar spine. Medications at this visit included Oxycontin 10mg as well as low dose Methadone for breakthrough pain.

Other medications have included Trazadone, Cambia, Flexeril, and Alprazolam. On 02/25/14, the patient had continuing complaints of pain but was felt to be doing better with the use of Exalgo. The patient described clear thinking than compared to Methadone. Pill counts appeared to be compliant. The patient was recommended to continue Exalgo with elimination of Oxycontin given the patient's abuse history. Preliminary urinary drug screen findings were again positive for opiates and Methadone.

Exalgo 16mg, 30 tablets was denied by utilization review as stated that he was going to appeal the denial for Methadone and there was insufficient information to support changing the patient's narcotic medications. on peer to peer contact recommended that the patient be maintained on Methadone.

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 clinical history of chronic low back and neck pain with extensive narcotics use. From the clinical documentation submitted, the treating physician, felt that the patient was at high risk for substance abuse. The patient was reported to be doing very well with Methadone and had experienced functional improvement through physical therapy. In this case, from the clinical information it appears that preference would be to keep the patient on Methadone; however, this was non-certified by utilization review. Therefore, did substitute Exalgo for Methadone. The patient does continue to have compliance with medications with good results. If the patient is not afforded the opportunity to maintain Methadone use given its functional improvement and pain reduction, it is this reviewer's opinion that Exalgo at this point in time would be considered medically necessary and appropriate for this patient.

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

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Exalgo (hydromorphone)

Exalgo (hydromorphone) is a once-a-day extended release opioid formulation for the management of moderate to severe pain in opioid-tolerant patients requiring continuous, around-the-clock opioid analgesia for an extended period of time, with an FDA black box warning, and is not recommended as a first line drug. ([FDA, 2010](#)) See [Opioids](#) for detailed recommendations and references.