

US Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: May/05/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Duragesic 25mcg/hr patch, Duragesic 12mcg/hr patch, Hydrocodone/APAP 10-325mg and Lyrica 50mg

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 the opinion of this reviewer that medical necessity for Duragesic 25mcg/hr patch, Duragesic 12mcg/hr patch, Hydrocodone/APAP 10-325mg and Lyrica 50mg was not established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who sustained an injury on xx/xx/xx. The patient was followed for complaints of chronic low back pain with associated numbness and tingling and weakness in left posterior leg radiating to the foot. The patient was taking multiple medications since February of 2013 including hydrocodone, Lyrica, Duragesic, and vitamin D. The only clinical record available for review was from 10/30/13. Per the report the patient was utilizing five Norco per day with a 25mcg/hour duragesic patch. The patient continued to describe pain. The patient had prior lumbar fusion from L4 to S1. The patient was recommended to increase the total amount of duragesic per hour by 12.5mcg. The retrospective request for duragesic 25mcg/hour patch, duragesic 12mcg/hour patch, hydrocodone 10/325mg, and Lyrica 50mg was denied by utilization review as there was limited information to support the increased duragesic by 12.5mg. The previous reviewer felt that while there may have been reasons to continue with the 25mcg/hour patch, the request as a whole was not supported. There was also no documentation regarding prior toxicology results or clear benefits from Norco. There was also no objective finding supporting the presence of neuropathic pain which would require the use of Lyrica. The request the retrospective use of duragesic Lyrica and Norco was again denied by utilization review as there was no clear evidence regarding the efficacy of duragesic or hydrocodone. There was also limited evidence supporting the presence of neuropathic pain which would have required the continued use of Lyrica.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The clinical documentation submitted for review was quite limited. The one clinical note was on 10/30/13 which recommended the

increase of duragesic by 12.5mcg/hour instead of increasing Norco for which the patient was at a maximum. Otherwise the clinical documentation submitted for review did not provide any specific objective findings regarding ongoing neuropathic pain that would have reasonably supported the continued use for Lyrica. There was also no documentation regarding specific functional benefits or pain reduction obtained with either Norco or duragesic patches. There is limited evidence supporting the rationale for increasing the amount of duragesic utilized per hour given the lack of clear evidence regarding duragesic efficacy. Furthermore there was no specific documentation regarding prior toxicology results for compliance testing which would be indicated for both Norco and duragesic patches. As the clinical documentation submitted for review did not address the concerns of the prior reviewer, and would not support the continued use of these medications per guideline recommendations, it is the opinion of this reviewer that medical necessity for Duragesic 25mcg/hr patch, Duragesic 12mcg/hr patch, Hydrocodone/APAP 10-325mg and Lyrica 50mg was not established. Therefore, the prior denial 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)