



## Medwork Independent Review

2777 Irving Blvd #208

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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC*

**DATE OF REVIEW:** 10/20/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Morphine sulfate and hydrocodone.

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

Texas State Licensed Physical Medicine and Rehabilitation/Pain Medicine Physician.

**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 or not medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY:**

The claimant has been seeing his physician in what appears to be maintenance opioid management with intermittent injection therapy for shoulder pain. There is also a suggestion that he does have low back pain and has been recommended to see another specialist. The first office visit review is from November 2, 2011, where the claimant has a pain scale of 9 out of 10 and has been on and off working. At that point in time, he felt as if he needed to start disability again. He was assessed with tendinitis of the shoulder and given an infection. Follow-up visits do reveal that he responded favorably to these injections, but they are short lived.

At least since 2011, the patient has been on opioids. An office visit from January 4, 2012, reveals that the patient has been taking OxyContin 20 mg b.i.d. and Norco, since the Zydol was taken off the market. Over the course of his care, there has not been much wavering in regarding to his treatment. He receives intermittent injection therapy, refills on medication and there have been recommendations to see an orthopedic surgeon for the chronic pain, but it does not appear that he has followed through with this recommendation.

This claimant had a work-related injury in xxxx where he had an injury to the left shoulder and cervical injury, and there is no description of the injury and no mechanism of action. Also not included in the medical office visits detailed are any diagnostics that may reveal his actual pathology.



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The last office visit reviewed is from February 12, 2014. His physician reports the patient continues to have a lot of pain radiating down his shoulder. He takes hydrocodone 1 to 2 tablets every 6 hours p.r.n. He was having 2 to 3 good days, but 4 to 5 bad days a week. He states that there are risks, benefits, intolerance and addiction. Risk of pain medications was discussed with him and there was a handout given as well. On this date, the assessment is that, that the claimant continues to have chronic shoulder tendonitis, capsulitis, and chronic cervical spine pain, and his physician feels from his point of view, the patient is getting along with no major changes and no escalation of pain medicine.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

While it is obvious per documentation that the patient continues to have pain related to his work-related injury, the documentation as far as in regards to what is required for safe opioid management for what is considered safe in the community, as well as per ODG. The guidelines require evidence of functional improvement while on either short-acting or long-acting opioids. In this case, there has been suggestion that he has tried to go back to work, but because of pain, he has not been able to. This in fact describes a situation where the patient is less functional and pain not controlled. His visual analog scale on a scale of 1 to 10 are 8 and 9, suggesting a high level pain while even on his medications. He is having 4 to 5 bad days a week, again suggesting uncontrolled pain while on the medication. There is no evidence of random urine drug screens to reveal objective compliancy of the medication. This is a standard of care in the community and would be recommended in this case as the claimant continues to require opioid management. He has been recommended to see an orthopedic surgeon. It is not clear why he has not. There is no evidence that the claimant has had imaging studies to better define his pathology. This could potentially reveal a surgical fix or define his pain better to map out a definitive plan.

In summary, the claimant is dealing with an injury dating back to xxxx. While he may be a candidate for chronic opioid analgesic therapy, his documentation simply does not meet guideline for safe opioid management, both in the community and per the official disability guidelines. Perhaps if there are changes made to routine evaluations to include in the documentations that there is no suggestion for evidence of aberrant behavior, misuse, diversion of the medications. This would be once step in the right direction to continue opioid management. Furthermore routine urine drug screens, which revealed compliance to the medication, would also further help to support the use of opioids. In reviewing the physical examination, the objective findings do outweigh the subjective findings and again this supports that perhaps a definitive pain generator has not actually been well defined. Additionally, guidelines require that there is evidence that the patient is receiving analgesic therapeutic benefit, and in this case where the patient has 4 to 5 bad days versus 2 to 3 good days and a pain level of 8 to 9 out of 10, this is not suggestive of therapeutic analgesia and does not outweigh the risk of the long-term sequelae of chronic opiate management that include tolerance, addiction, hypogonadism, and abuse. Again, if certain criteria are met, he could be a continued candidate for opioid management. There also should be, but as of now, given the data presented and the medical records provided, he does not meet the criteria.



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

- ACOEM- AMERICAN 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)