

Envoy Medical Systems, LP
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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 4/02/15

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medication: Percocet, 10-325mg, #240/month

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

Physician Board Certified in Pain Management & Anesthesiology

REVIEW OUTCOME

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

Upheld (Agree)

Overtaken (Disagree)

Partially Overtaken (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

This individual sustained a work related injury in xx/xxxx. He has had a lumbar decompression and has failed a spinal cord stimulator trial. There is persistent back pain. An MRI on 1/30/15 was reported to show L5 discitis with cellulitis in the epidural space. Surgery is recommended but is being postponed due to infection issues elsewhere. Current medications include Oxycontin, 40mg, 2Q-8H, along with one 20mg tablet; Percoset, 10-325mg, 1-2 PO Q4-6H, PRN breakthrough pain. In spite of these medications, the injured worker is bed-ridden and pain level remains at 6.

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

Opinion: I disagree with the benefit company's decision to deny the requested service.

Rationale: Previous reviewers denied Percocet on the grounds that ODG are not met since there is no evidence of functional improvement. This individual has well documented discitis and epidural cellulitis. This is one of the most painful conditions known to man. It is expected that he is bed-ridden and that the medications would not provide functional improvement. Given the severity of his condition opiate medications are indicated to at least make his status bearable. With those medications his pain is a six, which is also expected, due to the severity of the condition. It would be barbaric to wean opiate medications at this time. I recommend approving the Percocet as prescribed.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)