

# C-IRO Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jan/21/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Oxycodone 15mg #360, Nabumetone 500mg #180, Zanaflex 4mg #90

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O., Board Certified Physical Medicine and Rehabilitation 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 the request for Oxycodone 15mg #360, Nabumetone 500mg #180, and Zanaflex 4mg #90 is not medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** This patient is a male. On 09/22/14, he was seen in follow up. It was noted he had complaints and symptoms that began in December of 2005. He reported numbness and tingling to both feet. The pain was rated at 8/10. X-rays showed spinal stenosis, spondylosis, and a herniated disc. He had been prescribed Ultram 50mg, Relafen 500mg, and Lyrica. He denied drug allergies. On exam, he had normal sensation and normal reflexes. He was refilled on Zanaflex, Lyrica, and Oxycodone. Klonopin was discontinued.

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

On 11/25/14, a utilization review for requested medications Oxycodone, Nabumetone, and Lyrica was submitted noting those medications were not medically certified by the physician advisor. On 11/25/14, a utilization review report for the requested medications, noted that ongoing review of documentation of pain relief, functional status, and appropriate medication use and side effects should be documented for patients with ongoing opiate therapy. The clinical notes do not identify quantifiable pain relief and functional improvement, appropriate medication use, and/or lack of aberrant behaviors and/or intolerable side effects. The weaning of opiate medications had been outlined previously in a July of 2014 note. There was no rationale from the provider for continuing medications at that time including Oxycodone and that request was non-certified. The request for Nabumetone was also not certified, as the patient had pain rated at 8/10 without documentation of objective functional benefit and/or return to work. A 3rd request for Lyrica had also not been certified, as there was lack of documentation of objective functional benefit and/or return to work with that medication. On 12/08/14, a utilization review report noted that on appeal Oxycodone was not

certified, as there was insufficient objective information regarding this patient's improvement with that medication, from a functional standpoint. On appeal, Nabumetone was not medically necessary, as there was insufficient objective evidence indicating the patient had functional improvement with the use of that medication. On appeal, Lyrica was certified, as the patient had evidence of persistent pain without evidence of abuse of his medications and that request was certified as being medically necessary. On appeal, the request for Zanaflex was also certified, as the record did not demonstrate that the patient had any adverse effects with that medication, and the patient was being treated for chronic back pain from a myofascial standpoint.

The submitted records indicate this patient was seen on 09/22/14, with pain rated at 8/10. Physical examination showed this patient was able to flex at the waist and he had normal sensation to both legs and reflexes were normal. No urine drug screens were provided, and there was lack of functional improvement with Oxycodone. There was also a lack of documentation of titration from lesser medications up to Oxycodone.

For Nabumetone, 500mg, this patient also reported pain rated at 8/10. There was a lack of functional improvement with this medication. Guidelines recommend this type of medication, as an NSAID, for short term use only at the lowest dosage. There was no indication of this patient being prescribed lesser medications, and there was a lack of documentation of how long this patient has been on this medication. Zanaflex 4mg has been prescribed, but there is a lack of documentation of significant muscle spasms to warrant a muscle relaxant. Guidelines recommend muscle relaxants for chronic pain for only short term use. The records do not document how long this patient has been on this medication.

Therefore, due to the lack of documentation of functional improvement, lack of documentation of muscle spasms, lack of documentation of pain relief, it is the opinion of this reviewer that the request for Oxycodone 15mg #360, Nabumetone 500mg #180, and Zanaflex 4mg #90 is not medically necessary and the prior 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)