

# Pure Resolutions LLC

An Independent Review Organization

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## Notice of Independent Review Decision

Case Number

Date of Notice: 01/27/2015

### Review Outcome:

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Anesthesiology

### Description of the service or services in dispute:

MS Contin 100mg #90, Flexeril 10mg #90, Oxycontin 80mg #90

**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)

### Patient Clinical History (Summary)

This patient is a reported male with chronic low back pain. On xx/xx/xx, he was seen in clinic for his chronic low back pain, left leg and foot pain, and revision of his lumbar spine had been recommended. It was noted a cardio clearance workup had not been approved so he is going to try to get that through his private insurance. He was taking Oxycontin 80mg 3 times a day as well as Norco 10/325mg 4 times a day. Assessment was lumbar radiculitis and status post lumbar fusion. On 11/21/14, the patient returned to clinic and stated his pain was going from the back of his leg to his knee on the left with his foot tingling. Medications included Norco, Neurontin, Mobic, Flexeril, Advil, and MS Contin at 60 and 30mg. It was noted MS Contin was not lasting 8 hours and it was not providing the same level of relief as his previous Oxycontin had been. He tolerated Neurontin after a few days of drowsiness when he first began that medication. Physical examination found him alert and cooperative with normal mood and attention span. On 12/17/14, the patient returned to clinic and pain was rated at 9/10. Medications included Norco, Neurontin, Mobic, Flexeril, and MS Contin. He stated he had been in bed most recently due to severe pain in his low back. He reported his blood pressure was elevated secondary to his pain. He stated MS Contin and Hydrocodone were no longer helping his pain. On 01/14/15, the patient returned to clinic and pain was rated at 4/10. Medications included Oxycontin 80mg, Dilaudid 4mg, Norco 10/325mg, Neurontin 300mg, Mobic 15mg, Flexeril 10mg, as well as Tylenol extra strength. He was continued on medications including Oxycontin 80mg 1 PO TID.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

On 11/24/14, a peer review report for the submitted medications including Norco, MS Contin, Neurontin, and Flexeril reviewed each medication and stated that Norco 10/325mg #180 with 2 refills was medically necessary. MS Contin 100mg #90 was not medically necessary. Neurontin 300mg #90 was medically necessary and Flexeril 10mg #90 with 1 refill was not medically necessary. Rationale given for MS Contin not being medically necessary was that this had a Morphine equivalent of 300. This clearly exceeded the recommended Morphine equivalent. The records indicate that the patient had pain rated at 6.5/10 and the medication was not providing adequate pain control. Weaning of this medication was recommended. For Flexeril it was noted Flexeril was not medically necessary as there was no indication of significant muscle spasms at the time of exam to warrant this medication. Weaning was recommended. It was noted that the patient had been weaned off Oxycontin 2 months previously and during the weaning process Oxycontin was not approved and he had to start MS Contin because his pain went out of control. A weaning attempt was recommended again. On 12/29/14, a utilization review report noted the request for an appeal for MS Contin 100 #90 was not recommended and weaning was recommended. It was noted that the records did not identify quantifiable pain relief with and without medications, and functional improvement, appropriate medication use, and lack of aberrant behaviors and intolerable side effects were also not documented adequately. In addition, the current medication regimen was not providing pain relief as the patient has stated he had been in bed for days due to his pain. In regards to Flexeril, it was noted that muscle relaxants are recommended for only a short course of therapy and there was no documentation that prior use of this medication had resulted in a functional improvement or had returned the patient to work to support continued use. In regards to Oxycontin, Oxycontin was non-certified with a weaning schedule. It was noted that there was a lack of documentation of functional benefit, quantifiable pain relief, and a lack of aberrant behavior and intolerable effects for this medication. Weaning was recommended.

The submitted records indicate that the patient did have a positive drug screen on 10/23/14 for opiates and Oxycodone. When he was seen on 10/23/14 pain was rated at 7/10 with these medications. On 12/17/14, his pain went up to 9/10 with these medications. At that time, the patient stated he had been in bed most recently due to his severe pain. When asked he stated he was taking all pain medications as prescribed but MS Contin and Hydrocodone were no longer helping. When the patient returned to clinic on 01/14/15, his pain was rated at 4/10 and he was on Oxycontin 80mg as well as Dilaudid and Norco and Neurontin and Mobic. He was also utilizing Flexeril at that same time.

Guidelines state that for controlled substances such as opioids, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Lacking documentation of efficacy and lacking drug screens to indicate whether diversion was taking place, MS Contin and Oxycontin are not supported. Recommended as an option, using a short course of therapy. The length of time this patient has been on this medication was not documented, and functional improvement with the medication was not documented.

It is the opinion of this reviewer that the request for MS Contin 100 mg #90, Flexeril 10 mg #90, and Oxycontin 80 mg #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 and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines

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- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)