

# Applied Resolutions LLC

An Independent Review Organization

Phone Number:  
(817) 405-3524

900 N Walnut Creek Suite 100 PMB 290  
Mansfield, TX 76063

Email: [appliedresolutions@irosolutions.com](mailto:appliedresolutions@irosolutions.com)

Fax Number:  
(817) 385-9609

## Notice of Independent Review Decision

Case Number:

Date of Notice: 06/03/2015

### Review Outcome:

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

Physical Medicine And Rehab

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

Fentanyl Dis 50mcg/HR day supply: 29 Qty 15 refills: 00 Rx

**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)

The patient is a female who was originally injured on xx/xx/xx. The patient had been followed for a long history of chronic low back pain due to failed back surgery syndrome. The patient's prior lumbar fusion was completed in 1997. The patient has been managed by for an extended period of time as far back as 2012 per the records submitted for review. The patient's prior medication history has included the use of Fentanyl as well as Skelaxin, Ultram ER, Flexeril, Ibuprofen, Mirapex, and Percocet. The last documented urine drug screen for this patient was completed on 09/18/14 which was negative for all tested substances. It is noted that Fentanyl was not specifically tested for. The most recent clinical report available for review was from 02/03/15. Per this report, the patient was utilizing Fentanyl patches at 50mcg per hour every 48 hours. The patient was also utilizing Ultram ER 300mg daily and Percocet 7.5/325mg every 4-6 hours for breakthrough pain. The patient did report frequent flare ups of pain due to cold weather. The patient did describe 55-60% relief of her overall pain with medications. The patient's highest pain level was 7/10 in intensity and her lowest pain levels with medications were 4/10 in intensity. The patient described sleeping 5-7 hours per night. The patient's self-functional assessment was slightly worse at this visit. The patient's functional assessment was moderately impaired. The patient's physical examination noted limited range of motion of the lumbar spine with associated paraspinal tenderness. No focal weakness was noted in the lower extremities with the exception of the hip flexors. There was a letter completed by on 03/11/15 which found the patient to be stable on her current prescribed medications. The patient did have intermittent breakthrough pain due to weather changes. The letter did not specifically describe the amount of pain relief or functional improvement obtained with the continued use of Fentanyl.

The requested Fentanyl was denied on 02/10/15 as there was no documentation regarding updated compliance testing and a lack of documentation regarding specific functional improvement or pain reduction.

Fentanyl was again denied on 03/20/15 as it was unclear how the medication is impacting pain or function.

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

The patient has been followed for ongoing chronic low back pain radiating to the lower extremities consistent with failed back surgery syndrome stemming from a previous lumbar fusion. The patient has been on a long term

narcotic regimen to date to include the use of Percocet and Fentanyl, as well as Ultram. It is noted from the current medication regimen that the patient's current opioid dose in total far exceeds what is recommended by Official Disability Guidelines or other guidelines set at 100mg MED. The clinical records do not specify functional impairment and note a very low amount of pain relief based on VAS pain scores. The clinical documentation also did not contain any updated compliance testing such as a recent urine drug screen test that actually tested for Fentanyl as well as any opioid risk assessments such as SOAPP-R or COMM, both of which are recommended by guidelines. As the current clinical documentation which ends in February of 2015 as well as the letter provided by did not address the prior reviewer's concerns, it is this reviewer's opinion that medical necessity for this medication has not been established 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
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)