

# **True Decisions Inc.**

**An Independent Review Organization**

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## **Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 03/18/2016

### **Review Outcome:**

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

Physican Medicine And Rehab

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

Medication-Recon Methadone

**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 male who reported injury on XX/X/XXX. The patient was diagnosed with chronic low back pain. On XX/XX/XX, the patient complained of low back, and bilateral leg pain. The patient reported increased pain in lower extremities, and burning sensation in feet. The patient had been stable on methadone for pain control for several years. Per the physician, medications prescribed for pain management were providing analgesia, with no reported adverse side effects, no aberrant drug related behaviors, and were improving the patient's ability to function with activities of daily living. Medications included Neurontin 800 mg, and methadone 5 mg. A urine drug screen, dated XX/X/XXX, tested positive for methadone, consistent with the patient medication regimen. The patient diagnoses include chronic intractable low back pain, status post lumbar laminectomy for lumbar radicular pain. On XX/XX/XX, the physician reported the patient rated his pain 5/10 with medication, the patient was able to participate in activities of daily living, and had increased ability to function with the medication.

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

The Official Disability Guidelines recommend there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects to monitor the patient's response to treatment when on opioid therapy. Per the clinical notes submitted for review, the patient had been on long term treatment with methadone for pain control. The physician reported pain with medications was 5/10 on VAS, and the patient reported improvement in function with activities of daily living; however, the clinical notes submitted for review failed to provide a pain assessment in order to demonstrate medical necessity for continued treatment. The most recent clinical note submitted for review failed to provide the patient's pain on VAS, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The clinical notes submitted for review did document there were no reported adverse side effects, no aberrant drug related behaviors, and medications improved patient's ability to function with activities of daily living;

however, given the lack of pain assessment, continued treatment is not supported. Furthermore, the request failed to provide dosage and quantity of the medication. Given the above, the request for methadone is not medically necessary. As such, the previous determination is upheld. Non-certification of any drug reviewed under this request for authorization does not imply that immediate cessation of the drug should occur unless it is medically safe and advisable and a tapering program could be considered to avoid withdrawal symptoms.

***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)