

MEDRx

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AMENDED REPORT – 5/3/2016

DATE OF REVIEW: 5/3/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Fentanyl Patch 25mcg/hr every 72 hours #10.

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

The reviewer is a Medical Doctor who is board certified in Anesthesiology.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of Fentanyl Patch 25mcg/hr every 72 hours #10.

A copy of the ODG was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a male who sustained an industrial injury on XX/XX/XX. He was injured when a XX of XX hit his head. He had multiple head and maxillofacial surgeries and extensive dental procedures. On XX/XX/XX, peer review modified the request for acupuncture 8 visits to allow for a trial of 4 acupuncture treatments. Patient reported great relief from acupuncture treatment. He has increased pain associated with recent dental work. Reduction of fentanyl dose from 25 mcg/hr to 12mcg/hr was discussed. Patient was functionally stable and

working several days a week with minimal discomfort. Per clinical note on XX/XX/XX, the patient reported acupuncture provided excellent pain relief for 7-8 hours. He felt his pain was aggravated now that he had to undergo extensive dental work recently. He was currently using fentanyl 25mcg/hr and working 26 hours per week.

Patient was examined on XX/XX/XX. It was agreed during the peer to peer discussion to discontinue fentanyl and add an analgesic adjuvant such as nortriptyline to obtain additional pain relief and to use short acting analgesics for breakthrough pain. Plan was to start amitriptyline 10mg at night, schedule the patient for a left stellate ganglion block and transition the patient from fentanyl patch to hydrocodone. It was hoped that the stellate ganglion block would aid in pain control to transition him from fentanyl patch to hydrocodone.

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

Basis for Decision:

Criteria used in analysis:

The Official Disability Guidelines, 19th Edition

Pain Chapter

Fentanyl

Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The FDA has approved an immediate-release transmucosal tablet formulation of fentanyl (Abstral; ProStraken, Inc) for the management of breakthrough cancer pain. Because Abstral is subject to abuse and misuse, the product was approved with a risk evaluation and mitigation strategy (REMS) that includes a restricted distribution program requiring registration of prescribers, pharmacies, and patients. (FDA, 2011)

Reviewer comments:

Based on the clinical note from 03/16/16, the provider states that he is going to start the claimant on amitriptyline and hydrocodone and then decrease the fentanyl dose. There is no clinical information submitted for review to indicate that this has occurred and if so, what was the outcome. Therefore, this request is non-certified.

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

- ACOEM- AMERICAN 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)