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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Prescription for POS Oxycodone/APAP

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

Diplomate, American Board of Physical Medicine and Rehabilitation and Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

Medical documentation supports the medical necessity of the health care services in dispute.

Official Disability Guidelines criteria was used for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured on XX/XX/XX. The exact mechanism of injury is not available. The patient was status post L4-S1 fusion and bilateral SI joint.

A urine drug screening dated XX/XX/XX, was positive for gabapentin, cocaine, benzoyl ecgonine, hydromorphone, morphine, and ethyl glucuronide.

On XX/XX/XX, the patient was evaluated for a medication refill. He reported lumbar pain and left leg pain. He had testosterone implant at last visit. He was status post L4-S1 fusion and bilateral SI joint. His testosterone implant site was erythematous and tender. His medications were listed as Nucynta ER 100 mg, lisinopril 20 mg, Percocet 10/325 mg, Vimovo 500-20 mg, and gabapentin 400 mg. The lumbar and gluteal pain was rated 5/10. Examination of the spine revealed muscle spasm and moderate pain with range of motion (ROM) in the lumbar area. There was bilateral hip tenderness and tenderness at bilateral sacroiliac joint. He had lordosis with decreased mobility in the lumbar spine. He had pain with lumbar extension less than 15 degrees. PA Thomas diagnosed lumbar post laminectomy syndrome, thoracic and lumbosacral neuritis, sacroiliitis, chronic pain syndrome, and chronic fatigue syndrome. A transforaminal epidural steroid injection (ESI) at L4-S1 and bilateral SI joint injections x3 was recommended. A refill of Bactrim and Percocet was given. The patient was advised to discontinue OxyContin CR and a prescription for Opana ER and clindamycin was provided. PA Thomas removed the testosterone pellet.

On XX/XX/XX, urine drug screening showed positive opiate, norhydrocodone, oxycodone, oxymorphone, benzoyl ecgonine. Gabapentin was negative which was inconsistent with the prescribed treatment.

On XX/XX/XX, the patient was reevaluated. He complained of lumbar pain, bilateral SI joint pain and left leg pain. His current pain level was 7/10. Examination of the back revealed muscle spasm and moderate pain with ROM in the lumbar area. There was

bilateral hip tenderness and tenderness at bilateral SI joint. The patient had lordosis with decreased mobility in the lumbar spine. He had pain with lumbar extension less than 15 degrees. PA Thomas additionally diagnosed testicular hypofunction. Bilateral transforaminal ESI L4-S1 and SI joints were ordered. Medication refills for Percocet and OxyContin were given. Labs were ordered.

On XX/XX/XX, the patient returned for a follow-up visit. He continued to complain of lumbar pain. The medications were listed as Viagra, OxyContin, lisinopril, Percocet 10/325, Vimovo and gabapentin. The pain level was 7/10. Examination was unchanged. XX diagnosed chronic pain syndrome, sacroiliitis, thoracic and lumbosacral neuritis, lumbar post laminectomy syndrome, and spondylosis of the lumbosacral joint without. XX prescribed Nucynta ER. A compound cream, pain patch and scar cream was prescribed. XX recommended consideration of a trial of spinal cord stimulator (SCS).

A utilization review dated XX/XX/XX, was completed. The request for POS Oxycodone/APAP Tab 10/325 mg was denied with the following rationale: *"The medical records reflect that the claimant has recently been switched to Nucynta and this would be a duplication of the prescribed medication and thus not supported. The medical treatment guidelines note that ongoing opioid prescribing should be supported by documentation of analgesic effect, functional improvement, side effects and alternative treatment measures. This information was not provided in the clinical notes for prior usage of the medication being prescribed. Therefore, POS OXYCOD/APAP TAB 10-325 MG Day Supply: 30, Qty: 120 is not medically necessary. However, due to the nature of the drug, weaning is recommended."*

On XX/XX/XX, XX completed a reconsideration review and upheld the denial. Rationale: *"The claimant has persistent pain, spasm, painful and decreased range of motion, and positive facet loading. There are no recent physical exam findings provided. Furthermore, there is limited evidence that this medication would be indicated for the combination of symptoms and exam findings at this time. Ongoing Controlled Substance Utilization Review and Evaluation System reports to monitor for aberrancy and/or reports of intolerance to applicable oral agents have not been evidenced. Therefore, oxycodone/acetaminophen tab10-325 mg 30 days' supply #120 is not medically necessary. However, due to the nature of this drug, weaning is recommended."*

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

Patient is post surgical, with low dose opioids, and has demonstrated safety with minimal side effects. Spinal Cord Stimulation is planned. Thus, opioids are appropriate.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES