

INDEPENDENT REVIEWERS OF TEXAS, INC.

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[Date notice sent to all parties]:

06/26/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Fentanyl
75mcg/hr, 72 patches transdermal #10 per 30 days modified to #4

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

M.D. Board Certified Anesthesiologist

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured on XX/XX/XX and has been followed for chronic complaints of low back pain. The patient was followed for ongoing chronic pain in the lumbar spine region. The patient was utilizing fentanyl patches 75mcg/hour in addition to codeine for chronic pain. As of XX/XX/XX the patient indicated that his pain was controlled with medications. No side effects were reported. The patient's physical examination noted weakness on hip flexion and at the quadriceps in the lower extremities. Reflexes were 2+ and symmetric. No drug seeking behavior were reported. Prior urine drug screen testing was described as consistent with medications. Ongoing use of fentanyl was denied by utilization review as long term use of fentanyl is not supported by guidelines for musculoskeletal complaints. It was not recommended for first line treatment of chronic pain.

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

The patient has been provided fentanyl patches for chronic low back pain by XX. As of XX/XX/XX which is the last dated clinical record the patient reported controlled pain; however, no specifics regarding pain reduction were noted in the records. It is unclear what amount of pain relief is being obtained with the use of fentanyl in addition to codeine. There were no specific descriptions regarding functional improvement noted. The records did not include documentation regarding the most recent urine drug screen results or any routine any regular compliance measures for potential opioid misuse as recommended by guidelines. As fentanyl is not a recommended first line medication for the control of chronic musculoskeletal complaints, it is this reviewer's opinion that medical necessity for the request is not established, and the prior denials remain upheld.

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)