

MEDRx

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DATE OF REVIEW: 5/19/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a prior authorization for MS Contin 60mg.

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)

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on XX/XX/XX while trying to transfer a heavy X. The patient has been followed for chronic low back pain stemming from several surgical procedures. The claimant did have a spinal cord stimulator implanted in the past. Extensive narcotic use was noted to include morphine 60 mg q12h and Norco 10/325 mg q4 hours. No recent urine drug screen results were available for review. Physical examination on XX/XX/XX recommends approval of medication for 12 months. There was a letter on XX/XX/XX which recommended a 12 month approval period for medications with scheduled evaluations every 3 months. The request is for MS Contin 60mg quantity 30 with 12 refills for 12 months.

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

CRITERIA FOR USE OF OPIOIDS

1. **Establish a Treatment Plan.** The use of opioids should be part of a treatment plan that is tailored to the patient. Questions to ask prior to therapy:

- a. Are there reasonable alternatives to treatment, and have those been tried?
- b. Is the patient likely to improve? Examples: was there improvement on opioid treatment in the acute and subacute phases? Were there trials of other treatment, including non-opioid medications
- c. has the patient received a screen for the risk of addiction? Is there a likelihood of abuse or an adverse outcome?
- d. Ask about Red Flags indicating that opioids may not be helpful in the chronic phase: (1) Little or no relief with opioid therapy in the acute and subacute phases. (2) The patient has been given a diagnosis in one of the particular diagnostic categories that have not been shown to have good success with opioid therapy; conversion disorder; somatization disorder associated with psychological factors (such as anxiety or depression, or a previous history of substance abuse). Patients may misuse opioids prescribed for pain to obtain relief from depressed feelings, anxiety, insomnia, or discomforting memories. There are better treatments for this type of pathology. (Sullivan, 2006), (Sullivan, 2005) (Wilsey, 2008) (Savage, 2008)
- e. When the patient is requesting opioid medications for their pain and inconsistencies are identified in the history, presentation, behaviors or physical findings, physicians and surgeons who make a clinical decision to withhold opioid medications should document the basis for their decision.

2. **Steps to Take Before a Therapeutic Trial of Opioids:**

- a. Attempt to determine if the pain is nociceptive or neuropathic. Also attempt to determine if there are underlying contributing psychological issues. Neuropathic pain may require higher doses of the opioids, and opioids are not generally recommended as a first-line therapy for some neuropathic pain.
- b. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics.
- c. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals.
- d. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale.
- e. Pain related assessment should include a history of pain treatment and effective pain and function.
- f. Assess the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function.
- g. The patient should have at least one physical and psychosocial assessment by the treating doctor to assess whether a trial of opioid should occur. When subjective complaints do not correlate with imaging studies and/or physical findings and or when psychosocial issue concerns exist, the second opinion with the pain specialist and his psychological assessment should be obtained.
- h. The physician and surgeon should discuss the risks/benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian.
- i. A written consent or pain agreement for the chronic use is not required but may make it easier for the physician and surgeon to document patient education, treatment plan, and informed consent.

j. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs

3. **Initiating Therapy**

- a. Intermittent pain: Start with a short-acting opioid trying one medication at a time
- b. Continuous pain: extended release opioids are recommended.
- c. Only change one drug at a time.
- d. Prophylactic treatment of constipation should be initiated.
- e. If partial analgesia is not obtained, opioids should be discontinued.

Reviewer comments:

The requested morphine 60mg quantity 30 with 12 months of refills is not recommended as medically necessary. Current evidence based guidelines do not recommend long term use of narcotic medications for chronic improvement with this class of medications. Furthermore, guidelines recommend that records document the efficacy of long-acting narcotics to include pain relief and functional improvement as well as demonstrate compliance through risk assessments and urine drug screens. The records available for review did not include any updated documentation regarding the efficacy of morphine in terms of pain relief or functional improvement and did not include any documentation regarding compliance to include urine drug screen results or risk assessments for potential opioid misuse. Furthermore, the claimant's current MED exceeds the maximum recommended amount of narcotics set at 100mg per day. Additionally, current TX prescribing guidelines for schedule II medications does not allow more than three months of narcotic prescriptions and records should include triplicates. These were not provided for review. As such, 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)

ODG Pain Chapter

ODG, Treatment Index, 14th Edition (web), 2016, Pain Chapter