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IRO Certificate #4599**

DATE OF REVIEW: 3/07/16

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Methadone HCL, 10mg #180

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

Physician Board Certified in Physical Medicine & Pain Management

REVIEW OUTCOME

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

Upheld	(Agree)	<u>X</u>
Overtured	(Disagree)	
Partially Overtured	(Agree in part/Disagree in part)	

PATIENT CLINICAL HISTORY SUMMARY

XX is a male who sustained an injury to the lumbar spine on XX/XX/XX. He is S/P L5-S1 fusion in XXXX with removal of hardware in XXXX. Per notes "he did respond to initial facet block protocol but his carrier has denied further intervention including discography". Per notes, he has had 2 lumbar ESI's with no relief, one bilateral facet injection in XXXX with 90% pain relief for 3-4 hours but the subsequent RFA in XXXX was non beneficial. There is a note about another bilateral lumbar facet block from L2 to L4 in XXXX. There is also note of a lumbar MRI from XX/XX/XX showing L4-5 desiccation, central protrusion 3-4mm, and L5-S1 S/P anterior fusion. Per peer review notes, EMG in XXXX showed acute on chronic bilateral L4 and S1 radiculopathy. Most recent clinic notes from XX/XX/XX showed that he was complaining of numbness in both hands, left sided lower back pain that radiates down the left hip into the knee. Per notes, "in XXXX, methadone was slowly added and his morphine ER was eventually discontinued. With combination of methadone 60mg per day and hydrocodone 10/325 8 per day and very low dose naltrexone, his pain has been reasonably controlled....". Medication list includes baclofen 10mg po TID, norco 10/325 8 per day, methadone 60mg/day, gabapentin 600mg TID, naltrexone 50mg qhs, and skelaxin 800mg TID. "Random" urine drug screen was obtained each visit. Prescription for methadone 10mg 1 po q4h prn 6 a day disp #180 and norco 10/325 1 po q4-6hrs prn 8 a day disp #240 given.

There is inconsistent documentation about location of pain, ranging from lower back into the left hip but not below the knee, to sciatica pain down both legs, to right leg involving the lateral thigh, leg, foot, toes, and dorsum of the foot. Pain diagram for each clinic visit was different and at times involving the entire spine and even upper limbs. Request was for methadone HCL 10mg #180. ODG recommend that patient have at least one physical and psychosocial assessment and when subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, a second opinion with a pain specialist and a psychological assessment should be obtained. Guidelines also recommend that "consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or failure to improve on opioids in 3 months."

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

Opinion: I agree with the benefit company's decision to deny the requested service.

Rationale: This review pertains to the need for high dose chronic opioids in the treatment of an otherwise healthy young man with “failed back surgery syndrome” stemming from a work injury in XXXX. The patient's pain distribution as well as severity of pain does not correlate with imaging or EMG findings. He has had 2 ESI's, 1 successful facet injection followed by 1 unsuccessful RFA. He is on 680mg of morphine equivalent opioids a day in addition to two muscle relaxers (baclofen and skelaxin) and 1800mg a day of gabapentin. He has been unemployed since a short period of return to work more than XX years ago. There is no documentation of psychosocial assessment by a psychologist/counselor nor is there documentation about his coping mechanism. I am also concerned about the possibility of opioid induced hyperalgesia given the severity of pain despite being on an extremely high dose of opioid pain medications dosed every 4 hours. There is no documentation of an opioid agreement and the results of the urine drug screen are not available. Furthermore, it appears that the “random” urine screens are not random, but simply repeated every clinic visit. There is no mention of vocational rehabilitation or attempt at return to work. For all of these reasons, the current treatment regimen of 6 medications 24 pills a day does not appear to be consistent with guideline recommendations.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)