

Applied Independent Review
An Independent Review Organization

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Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology and Pain Medicine

Description of the service or services in dispute:

XXXX

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)

This case involves a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as a XXXX. The current diagnosis/diagnoses is/are documented as encounter for therapeutic drug level monitoring, long-term (current) use of opiate analgesics, and pelvis and perineal pain. Past treatment included 1 session of physical therapy. On XXXX, it was documented this patient had complaints of pain to the anterior pelvic region that traveled from the scrotum to the anus. XXXX rated XXXX pain as 9-10/10. Upon physical examination, it was noted XXXX had pain upon palpation below the coccyx.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

According to the Official Disability Guidelines, compound medications are not recommended as first line therapy. The guidelines indicate that criteria for compound drugs include at least one drug substance that is the sole active ingredient in an FDA approved drug, include only bulk ingredients that are FDA approved, is not a drug that was withdrawn or removed from the market for safety reasons, is not a copy of a commercially available FDA approved drug product, include only drug substances that have been supported as safe and effective for the prescribed indication as outlined by the FDA, and any compounded product that contains at least one drug that is not recommended is not recommended. The clinical documentation submitted for review indicated this patient had pain to the pelvic area that traveled from the

scrotum to the anus. However, there was no documentation noting the failure of first line therapy. Further, XXXX is not recommended in this formulation. Consequently, the request is not medically necessary. As such, the prior denial for XXXX is upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines European Guidelines
- for Management of Chronic Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines Pressley Reed, the Medical
- Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters Texas
- TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)
- description)