Parker Healthcare Management Organization, Inc.
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IRO Cert#XX

DATE OF REVIEW: FEBRUARY 27, 2018

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Medical necessity of the proposed Fentanyl Patch 75MG #15 for 30 days X 2 refills

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is Board Certified in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

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

☐ Upheld (Agree)

XX Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a XXXX who was injured on XXXX, in a mechanism that was not denoted. The claimant was diagnosed with chronic pain syndrome, post laminectomy syndrome, right hip pain, and lumbar radiculopathy. An evaluation on XXXX, revealed that the claimant was having continued lower back pain. Current medication includes cyclobenzaprine, tizanidine, Percocet, and Fentanyl patch. The physical examination revealed a well-healed surgical scar of the lumbar spine with paravertebral spasm tenderness noted. There was limited pain and full range of motion of the lumbar spine. There was a negative straight leg raise at 60 degrees. There was no pain to palpation of the bilateral SI joints and strength in the lower extremities was noted to be normal.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:
The claimant has continued pain in the lower back and right hip. According to the guidelines, Fentanyl transdermal is not recommended as a first-line therapy and there must be documentation that chronic pain is not able to be managed by other means. It was noted that the claimant was having continued pain in the lower back and there was documentation that the claimant's continued pain has failed to respond

to other treatment modalities. It was noted by the treating physician that the lowest effective dose was to be utilized and that the claimant was not able to be ambulatory without current medications. The request for Fentanyl Patch 75mg #15 for 30 days X 2 refills is certified.

REFERENCE:

Official Disability Guidelines –TWC ODG Treatment Integrated Treatment/Disability Duration Pain (Chronic) (updated 02/15/18) ODG guidelines Duragesic® (fentanyl transdermal system) Not recommended as a first-line therapy. Duragesic is a long-acting opioid. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by ALZA Corporation and marketed by Janssen Pharmaceutica (both subsidiaries of Johnson & Johnson). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Due to the significant side effects, not for use in routine musculoskeletal pain. The FDA announced it will require color changes to the writing that appears on fentanyl pain patches (Duragesic and generics) so they can be seen more easily and to emphasize that unintended exposure can cause death. This is part of an effort to prevent accidental exposure to the patches, which can cause serious harm and death in children, pets, and others. (FDA, 2013) FDA is alerting the public about potential for deaths from accidental exposure to fentanyl transdermal patches. (FDA, 2015). [Duragesic ranked #9 in utilization (managed) for WC in XXXX. (XXXX)]

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
☐ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
☐ INTERQUAL CRITERIA
XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
☐ MILLIMAN CARE GUIDELINES
XX 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)