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An Independent Review Organization
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Description of the service or services in dispute:
Ongoing pain medications for hip injury:

- APAP/Codeine 300-60 mg #90 for 30 days
- Meloxicam 7.5 mg #60 for 30 days

Description of the qualifications for each physician or other health care provider who reviewed the decision:
Board Certified Family Practice
Board Certified Addiction Medicine

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

- ☐ Overturned (Disagree)
- ☑ Upheld (Agree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)
XXXX is a XX-year-old who was diagnosed with articular cartilage disorder, pelvic region and thigh. XX was involved in a XXXX on XXXX, where XX was XXXX and complained of low back pain and post-traumatic headache.

The patient was evaluated by Dr. XXXX on XXXX for back and right hip pain. The pain was described as sharp, intermittent and lasting 30 days. The pain radiated to the right groin. Ongoing medications were Tyleno and Mobic. There was no improvement reported. On examination, XX walked with an abnormal gait. There was swelling in the right hip, spasm and tenderness in the greater trochanter. Range of motion of the right hip was 100 degrees flexion, 120 degrees extension, 30 degrees abduction, 15 degrees adduction, 120 degrees internal rotation. Straight leg raise test was positive on the right at 45 degrees.

Per a peer review report by XXXX, MD, dated XXXX, APAP/Codeine 300-60 mg #90 for 30 days was not medically necessary; however, due to the nature of the drug, weaning was recommended. The patient was treated for chronic pain from a XXXX in XXXX. There was a lack of documentation to support the requested medication. The medical treatment guidelines required documentation of effficacy of use for ongoing prescribing of narcotic medications including analgesic effect, functional improvement, adverse side effects, aberrent use and monitoring. Due to lack of this information, the request did not meet criteria of the guidelines; therefore it was determined that the request was not medically necessary. However, due to nature of the drug, weaning was recommended. It was also noted that the request for Meloxicam 7.5 mg #60 for 30 days was not medically necessary. The patient was three years post injury and had been on chronic nonsteroidal anti-inflammatory drug use with no clear documentation of dose adjustment, monitoring or functional improvement. The medical guidelines did not support long-term use of nonsteroidal anti-inflammatory drugs and recommended monitoring renal and liver function every six months. Thus, the request did not meet criteria of the guidelines.

Per a utilization review determination letter dated XXXX, the request for APAP/Codeine 300-60 mg #90 for 30 days was noncertified and weaning was recommended. The request for Meloxicam 7.5 mg #60 for 30 days was

also noncertified. It was determined that the requested services did not meet the established standards of medical necessity.

A peer review report dated XXXX, by XXXX, MD (Occupational Medicine), indicated that the reconsideration request was denied/non-certified. It was determined that the request for Tylenol with Codeine, a short-acting opioid, was not medically necessary, medically appropriate or indicated and weaning was indicated. Dr. XXXX also opined that the request for Meloxicam (Mobic), an anti-inflammatory medication, was not medically necessary, medically appropriate or indicated. It was noted that while Official Disability Guidelines' Chronic Pain Chapter Anti-Inflammatory Medications topic acknowledged that anti-inflammatory medications such as Mobic did represent the traditional first line of treatment for various chronic pain complaints, this recommendation was, however, qualified by commentary made in Official Disability Guidelines' Chronic Pain Chapter Medication for Subacute and Chronic Pain topic, which indicated that a record of pain and function associated with these medications should be kept. Dr. XXXX noted that with the ongoing request as well as the preceding request, the attending provider's office visit note was thinly and sparsely developed, difficult to follow, comprised largely of preprinted checkboxes, and did not incorporate any explicit discussion of medication efficacy. Therefore, the request was not medically necessary.

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

The records submitted would not support the continuation of Tylenol #3 or Mobic 7.5mg as reasonable or necessary. There were no recent clinical assessments of the claimant demonstrating the efficacy of either medication. In regard to the ongoing use of Tylenol #3, the use of a short acting narcotic can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guidelines recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The updated clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Tylenol #3. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as long-term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this claimant. This would be indicated for Tylenol #3. As there is insufficient evidence to support the ongoing use of Tylenol #3, the prior denials are upheld.

Regarding Mobic 7.5mg, the use of NSAIDs is not generally recommended for extended periods of use. There are known risk factors for long term use of NSAIDs, and there is limited evidence in the literature to support prescription NSAIDs over over-the-counter medications. The records did not indicate any recent flares of chronic musculoskeletal pain that would support the ongoing use of this medication. No other exceptional factors were noted to support the continuing use of this medication. As such, the prior denials are 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
  Pain Chapter
- ☐ 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 Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)