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DATE: 7/12/18

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX XX

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

The reviewer is certified by The American Board of Anesthesiology with over 10 years of experience.

REVIEW OUTCOME:

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

☒ Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

XX: Progress Note by XX Presents with low back pain. Pain is 8/10. Constant. Pain is improved with medication, rest and lying down. Pain is made worse with prolonged standing and walking. Active in Physical Therapy. XX is doing well. XX understands I will not refill XX today.

XX: Progress Note by XX APRN. Pt returns to clinic for f/u and medication refill. Pain is 9/10. Pain is primarily in XX low back with radiation down XX RT leg. Pain is aching and throbbing with burning. Currently taking XX XX BID (trying to decrease at night). XX XX Q 8 hours. Tolerating medication well. Pt is able to complete activities and daily routine with limitations.

XX Pain is 9.5/10 without medication. Pain is primarily lower back with radiation down XX RT leg. Aching, throbbing and burning. XX XX BID. XX XX QID. To order EKG. Continue current regimen. Pt has surgical hx of back surgeries x's 5** Rods from T12-Tailbone; Fusion of L1-L5/S1.

XX: Progress Note by XX, APRN. Pain currently 8/10 with medication. Low back pain with RT leg radiation. Aching, throbbing and burning. XX XX4-6/day. XX XX TID. Pt reported having little pain relief from this regimen. Increase XX XX po q 8 hrs. Decrease XX XXpo Q4 hrs-6hrs PRN.

XX: ER Notes. Presenting today with c/o back pain. Pt states XX had a work-related accident in XX with hardware put in place. XX states XX fell off the toilet and heard a pop in XX lower back and then felt the pain radiate down XX legs. XX took two XX with no relief. States numbness. Contusion/herniated disc/ low back pain/myofascial sciatica sprain/strain. States XX symptoms have improved but XX still has some significant pain XX low back. Denies weakness in XX legs, saddle parasthesias, inability to walk, loss of bowel or bladder. I do not believe this is cauda equina syndrome or spinal cord compression. Concern for traumatic fx or disruption of pre-existing hardware. X-rays obtained but not acute abnormality.

XX: Progress Note by XX, APRN. Pain level is 7.5/10 with medication. Pt reports most recent dosage of XX was

around 5:00 am today and XX was taken around 4:00 am today. Low back pain with BL leg radiation. Pt reports XX was unable to get XX XX for about a week after XX last visit so XX was taking 6/day XX, until XX was able to get the XX filled. Pt is concerned about going through withdrawal every month due to delay in XX. XX noted that last time it took about 5 days after XX visit to get XX approved. Pt was ordered at CT of XX T and L spine at last visit but XX workman's comp denied due to lack of evidence in new changes or symptoms. XX 10/325 2 day and XX XX2/day.

XX: Progress Note by XX, APRN. Pain is currently 6/10 with medication. Primary pain is low back with radiation to BL legs. Aching, throbbing and burning. Currently on XX XX 2-3 day and XX 2/day. Physical Examination- Thoracic and lumbar paraspinals tender to palpation, flexion at 15 degrees with pain, extension at neutral with pain, right side bending at neutral with pain, left side bending at 5 degrees with pain. Strength 5/5 in upper and lower extremities BL. Antalgic gait, able to stand without difficulty, ambulates with a cane. Pt report adequate pain control with current medication regimen and would like to stay on it. Chronic pain syndrome/ failed back surgical syndrome/ lumbago/ lumbar DDD/ lack of drug effect/ chronic lumbar radiculopathy/ diabetic neuropathy/ diabetes mellitus. Thoracic spine pain.

XX: Progress Note by XX. Pain is currently 6/10 with medication. Primary pain is low back with radiation to BL legs. Aching, throbbing and burning. Currently on XX 1-3 day and XX 2/day, XX 2mg PRN. Physical Examination- Thoracic and lumbar paraspinals tender to palpation, flexion at 15 degrees with pain, extension at neutral with pain, right side bending at neutral with pain, left side bending at 5 degrees with pain. Strength 5/5 in upper and lower extremities BL. Antalgic gait, able to stand without difficulty, ambulates with a cane. States XX ADL's functional status improves when the pain is controlled with XX medication.

XX: UDS. Consistent with reported prescribed medications. XX, XX. XX (not detected)

XX: Progress Note with XX. Pt states since XX last visit, pain has been stable. Pain 6/10. Pain is constant. Pain is improved with medication, rest, lying down. Pain is made worse with prolonged standing and walking. Pt has been active in PT. XX is taking opioid, hydromorphone and methadone. This medication is effective. XX has improved functioning while taking the medication. DPS appropriate and No aberrant behavior. Pt would like to discuss having a nerve block done. Physical Examination- Thoracic and lumbar paraspinals tender to palpation, flexion at 15 degrees with pain, extension at neutral with pain, right side bending at neutral with pain, left side bending at 5 degrees with pain. Strength 5/5 in upper and lower extremities BL. Antalgic gait, able to stand without difficulty, ambulates with a cane. States XX ADL's functional status improves when the pain is controlled with XX medication. Start XX 2mg po q8hrs prn muscle spasms. To add XX 5% ointment q6hrs prn pain. Continue XX and XX. Lumbar Esi to be planned.

XX: Progress Note with XX. Pt state XX pain level is currently 5/10 with medication. Pt reports XX most recent dosage of XX was taken last night, and XX was taken at 4:30am today. Pain is primarily low back with BL legs 9worse in LEFT). Aching, throbbing, burning, stabbing, numbness/tingling. XX 10/325 1-3 daily, XX 2mg PRN, XX 20mg BID, XX samples were effective, XX 6mg QHS samples were effective. Pt is tolerating medication well. Pt is able to complete activities and daily routine within XX limitations. Physical Examination- Thoracic and lumbar paraspinals tender to palpation, flexion at 15 degrees with pain, extension at neutral with pain, right side bending at neutral with pain, left side bending at 5 degrees with pain. Strength 5/5 in upper and lower extremities BL. Antalgic gait, able to stand without difficulty, ambulates with a cane. States XX ADL's functional status improves when the pain is controlled with XX medication. Pt at MMI, short of a major breakthrough will not get any better. Will need treatment for life. TFESI left side at L3-4 and L4-5. Tapered opiates.

XX: UDS. Positive for XX and XX only

XX: UR by Dr. XX. Rationale- Based on the progress note dated XX, the patient stated the pain was rated 6/10. Pain was constant. Pain was improved with medication, rest and lying down. Pain was located in XX low back with BL leg radiation. On examination, Pt had back and leg pain. Pt was obese. Thoracic and lumbar paraspinals tender to palpation, flexion at 15 degrees with pain, extension at neutral with pain, right side

bending at neutral with pain, left side bending at 5 degrees with pain. Strength 5/5 in upper and lower extremities BL. Antalgic gait, able to stand without difficulty, ambulates with a cane. Sensation was light to the touch. According the ODG Pain, the ongoing use of opioic analgesics should be based on the documentation of their efficacy at decreasing pain and improving function as well as monitoring of UDS and opioid contract to address patient compliance. Guidelines note that nonopioidic therapy is preferred for treatment of chronic pain. Opioids should be used only when benefits for pain and function are expected to outweigh risks. However, the documentation does not identify measurable analgesic benefit and there is no documentation of functional/vocational benefit with ongoing use. Additionally, there is no evidence of recent UDS or the results. As such, the use of XX is not supported in this clinical setting.

XXXX: UR by XX. Rationale- No additional documentation was submitted to support the request. According to guidelines, the use of XX is recommended as a second line treatment for option chronic nonmalignant pain when there is evidence of UDS to include results that provide documentation to support no aberrant behavior. It was noted that the claimant was taking XX in addition to XX, which indicates the claimant was taking requested medication as a second line treatment option and the medical records provided for recent review stated that the claimant was to undergo a UDS on recent evaluation but there were no results made available for review as well as identified behavioral risk associated with current use.

XX: Progress Note by XX, APRN. Current pain 8/10. Pt reports XX most recent XX was taken last night, and XX was 1/4 today. Pain is primarily low back with BL legs 9worse in LEFT). Aching, throbbing, burning, stabbing, numbness/tingling. XX 3 daily, XX 2mg PRN, XX 20mg 1-2-1-4 due to XX has not received XX medication, XX samples were effective, XX 6mg QHS samples were effective. Pt is tolerating medication well. Pt is able to complete activities and daily routine within XX limitations. XX left a VM for a peer-to-peer. Physical Examination- Thoracic and lumbar paraspinals tender to palpation, flexion at 15 degrees with pain, extension at neutral with pain, right side bending at neutral with pain, left side bending at 5 degrees with pain. Strength 5/5 in upper and lower extremities BL. Antalgic gait, able to stand without difficulty, ambulates with a cane. States XX ADL's functional status improves when the pain is controlled with XX medication. Pt at MMI, short of a major breakthru will not get any better. Will need treatment for life. TFESI left side at L3-4 and L4-5.

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

The previous adverse decisions are Overturned. Based on the records submitted and peer-reviewed guidelines, this request is certified. According to guidelines, the use of XX is recommended as a second line treatment for chronic nonmalignant pain. Therefore, based on the submitted UDS which shows no aberrant behavior, this request for XX 20mg x's 30 days is considered medically necessary.

PER ODG.....XX

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)**