

INDEPENDENT REVIEWERS OF TEXAS, INC.

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05/30/2018 and 06/10/2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: methadone HCL 5mg #120

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified PM&R

REVIEW OUTCOME:

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

Upheld (Agree)

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]:

The claimant is a XXXX who was injured on XXXX. The claimant developed low back pain. The claimant did have an extensive surgical history for the lumbar spine to include decompression and fusion. The claimant did have a spinal cord stimulator implanted in XXXX. The claimant did have a history of narcotics use to include XX. The claimant's last documented urine drug screen report noted positive results for XX and XX. The claimant had been seen by XXXX for continuing chronic low back pain. The records provided did not include an evaluation within the last 3 months. The last evaluation was on XXXX which noted moderate low back pain radiating to the lower extremities. Medications at this evaluation included XX. The physical exam noted tenderness to palpation in the lumbar region with mild weakness noted at the right foot. There was limited range of motion. The updated medication list did note XX 5mg. XX was denied due to the lack of information regarding detoxification from opiates or narcotic addiction due to limited recent clinical information.

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

The claimant had been followed for chronic low back pain and post-laminectomy syndrome. The records documented a history of opiate use to include XX and XX. The last clinical report available for review was 3 months old and did not provide a specific rationale for the use of XX. It was unclear if this medication was being prescribed to address opiate addiction or pain. There is no indication that the claimant had failed 1st to 2nd line medications for chronic pain before being prescribed methadone. Given these issues which do not meet guideline recommendations, it is this reviewer's opinion that medical necessity is not established and the prior denials are upheld.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES