

# Pure Resolutions LLC

An Independent Review Organization

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**Date:** 2/16/2018 12:28:50 PM CST

**Amended: 02/26/2018**

**IRO CASE #: XXXX**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** RX-MS Contin 200mg #120

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

Pain Medicine, Physical Medicine & Rehab

## **REVIEW OUTCOME:**

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

- |  |                                |
|--|--------------------------------|
| <input checked="" type="checkbox"/> Overturned | Disagree                       |
| <input type="checkbox"/> Partially Overturned  | Agree in part/Disagree in part |
| <input type="checkbox"/> Upheld                | Agree                          |

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as a XXXX. The current diagnosis is documented as long-term use of opiate analgesic; low back pain. The patient underwent a urine drug screen on XXXX. During the assessment on XXXX, the patient described XXXX pain as constant, aching, pins and needles, muscle spasms, shooting, throbbing, standing, muscle tightness, numbness and tingling. The patient reported that XXXX pain woke XXXX at night, so XXXX only slept 2-3 hours at a time. The patient reported that resting, lying down on XXXX back propped up on pillows helped with short-term relaxation. The patient reported that walking long distances, standing more than 10 minutes and bending worsens XXXX pain. The patient's medication regimen included MS Contin 200 mg, Klonopin 2 mg and Neurontin 800 mg. XXXX rated XXXX pain a 6-7/10. The patient reported performing the home exercise program daily. The physical examination revealed tenderness and limited range of motion in the back. Strength was 5/5 and symmetrical in the upper and lower extremities. The patient reported low back pain that radiated to the bilateral legs and feet. The patient reported that XXXX medications improved function, although the MS Contin was not as effective as Embeda. The treatment plan was to continue with the medication regimen and continue with exercise effort. A prior determination was found not medically necessary due to a lack of documentation indicating objective functional improvement and pain resolution.

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

The Official Disability Guidelines state that ongoing management of opioid use should include

documentation of pain relief, functional status, side effects, and appropriate medication use with use of random drug screening as needed to verify compliance. The patient complained of low back pain that radiated into the bilateral legs and feet. The patient reported that without MS Contin, XXXX would be bedridden and unable to perform activities of daily living. A urine drug screen was performed during the assessment, and there were no compliance issues noted. An office note dated XXXX indicated that the narcotic dosage had decreased the patient's pain between 30-50% overall. The records indicate that the patient has a signed opioid agreement on file.

Given the additional information received, the request for MS Contin 200 mg #120 is considered medically necessary and the prior determination is overturned.

**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
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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 & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Pain, Opioids, long-term assessment CRITERIA FOR USE OF OPIOIDS