

True Resolutions Inc.

An Independent Review Organization

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IRO REVIEWER REPORT

Date: XX

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: XX 25MCG/HR qty 15 30 days supply no refills

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

REVIEW OUTCOME:

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

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

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a now XX with a history of an occupational claim from XXXX. The mechanism of injury was XX. It was reported that the patient has XX and developed reactive lymphadenitis secondary to cellulitis in the leg. The patient underwent a urine drug screen on XXXX. It was reported that the results were consistent in the clinical note dated XXXX, it was reported that the patient rated his pain to be a 3/10 at its best and a 5/10 at its worst. In the clinical note dated XXXX, it was noted that the patient was seen for a follow-up visit as the patient had multiple medical problems including a history of severe burns. The patient was seen for medication and supply refills. Upon physical examination, it was noted that the patient had burn scars throughout the body. The treatment plan included for the patient to receive fentanyl patches.

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

According to Official Disability Guidelines, XX is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. Due to significant side effects, not for use in routine musculoskeletal pain. The guidelines recommend that there be documentation of abuse monitoring, side effects, analgesia, and activities of daily living. The most recent urine drug screen was XX. There is no recent documentation regarding an objective functional improvement in activities of daily living. There is also no recent documentation regarding the patient having significant pain levels or a significant decrease in pain requiring fentanyl patches. Medical necessity has not been established.

As such, the request for XX-day supply no refills is not medically necessary and the prior determination is upheld.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Pain (Chronic), Fentanyl and Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Pain (Chronic), Opioids, criteria for use