

MAXIMUS Federal Services, Inc.
807 S. Jackson Road, Suite B
Pharr, TX 78577
Tel: 956-588-2900 ♦ Fax: 1-877-380-6702

Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: 8/2/18

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

XX ER 15mg

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

M.D., Board Certified in Anesthesiology with sub-specialty certification in Pain Medicine.

REVIEW OUTCOME

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

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

I have determined that the requested XX ER 15mg is medically necessary for the treatment of the patient's medical condition.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XX who sustained injuries to XX upper extremities on XX. The patient was diagnosed with mononeuritis of upper limb and mononeuritis multiplex; lesion of ulnar nerve; pain in soft tissues of limb; contracture of hand joint; chronic pain syndrome; pain in right arm; pain in left arm; pain in right shoulder; polyneuropathy, unspecified and fibromyalgia. According to a physician's office visit on XX there were complains of bilateral hand, elbow, and shoulder pain. Reportedly, the worst pain was in the hands. The patient described the pain as aching, burning, penetrating, sharp, stabbing, throbbing and unbearable. The patient had undergone a bilateral Carpal Tunnel Release and this had been revised. It was stated that while the XX XX provided adequate pain relief, the evening dose kept the patient up at night. The physical exam revealed there was decreased range of motion in the cervical spine; there was bilateral AC joint tenderness on palpation in the bilateral upper extremity, tenderness to palpation in the fingers of the bilateral hands, tenderness to palpation of the bilateral elbows and wrists, range of motion

was abnormal, and multiple trigger fingers; peripheral nerve distribution to stimulus was abnormal in the upper extremity. On XX, a request was submitted for XX 15 mg/XX XX.

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

This patient has neuropathic pain which is extremely difficult to treat effectively. XX have been found to provide some relief. But the complications and side effects of XX have limited their usefulness. CDC Clinical practice guidelines (1) and ODG guidelines (2) do enumerate these issues but the clinician may still find utility in their use with difficult to treat pain problems. The ODG guidelines speak to a limit of 100mg of XX equivalent per day. This request is below that level. There is no evidence of abuse or diversion by the patient.

CDC practice guidelines discourage the use of XX for chronic non-malignant pain. However, in patients who are stable and without signs of abuse or diversion, if they are offered the opportunity to detoxify and decline, if they are stable and receive pain relief then it is within the standard of care to continue with monitoring.

Therefore, I have determined the requested XX 15mg is medically necessary for treatment of the patient's medical condition.

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

1. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Chronic Pain

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)

1. Centers for Disease Control And Prevention (CDC) Guideline For Prescribing Opioids For Chronic Pain-United States, 2016
(<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>).

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)