

Envoy Medical Systems, LP
1726 Cricket Hollow Drive
Austin, TX 78758

PH: (512) 705-4647
FAX: (512) 491-5145
IRO Certificate #XX

DATE OF REVIEW: 3/07/18

IRO CASE NO. XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medication Gabapentin, 800mg, 1 three times a day, Qty 120, 2 refills

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

Physician Board Certified in Anesthesia & Pain Management

REVIEW OUTCOME

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

Upheld (Agree)

Overtured (Disagree) X

Partially Overtured (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

The history of this XXXX worker reveals XXXX sustained an injury in XXXX which is not described in the information presented. Defensible areas are cervical left shoulder, bilateral elbow, and low back pain. Patient has been maintained on medications and hydrocodone has been weaned. The treatment plan includes Neurontin, 800mg, TID.

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

Opinion: I disagree with the benefit company's decision to deny the requested service(s).

Rationale: I recommend approving the Gabapentin, as requested. Previous reviewers denied Gabapentin based on ODG which state that it is recommended for neuropathic pain but not acute nociceptive pain, including somatic pain. That reference does not apply in this case since this is not acute pain; it is chronic pain.

XXXX appeal quotes the ODG reference that anti-convulsants are a 'yes' drug for neuropathic and chronic pain. XXXX also states in XXXX appeal letter that the pain level results are 9/10 without Gabapentin and 1/10 with the medication. Patient's functionality is also enhanced. ODG are met for continuing Gabapentin 800mg TID.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE
AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE
WITH ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 X

(PROVIDE DESCRIPTION)

REFERENCES SUBMITTED BY DR. MAYER:

Official Disability Guidelines (ODG) Deniston P (Editor)., Direct Communication, 2011

Anti-Convulsant References:

**Gilron I, Watson CP, Cahill CM, Moulin DE. Neuropathic Pain: a practical guide for the clinician.
CMAJ, 2006; 175:265-75**

**Wiffen PJ, McQuay HJ, Edwards JE, Moore RA. Gabapentin for acute and chronic pain.
Cochrane Database Syst Rev. 2005 Jul 20;(3): CD005452**

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