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- ***Patient Clinical History (Summary)***

X who was injured on X. The biomechanics of injury was not available in the records.
On X was seen by X, FNP /X, MD for the primary complaint of X pain. X reported X pain, which was in the X. It radiated to the X. It was described as

X. X also reported X to the X. The pain was rated at X. The symptoms were improved with X. They were exacerbated by X and X. The pain was worse in the X and in the X. X sleep was poor, woke up multiple times throughout the night. X reported X relief with ongoing regimen with no reported side effects. Dr. X and X.

An MRI of the X dated X showed X, X. Urine drug screening dated X was positive for X.
The treatment to date included medications X.
Per an Adverse Determination letter dated X, the request for X with X was denied by X, MD. Rationale: "The claimant did report up to X percent relief with medications; however, this was reported generally. It is unclear how much relief of symptoms and pain was attributed to the claimant's X medications. The combined use of oral X was not specifically addressed. It is unclear why the claimant is still requiring oral X in addition to high dose X. Further, no urine drug screen reporting or recent risk assessments were documented. Without clear indications of the efficacy of the current

medication regimen, a discussion regarding continuing oral opiate use, and updated information regarding compliance measures; this reviewer would not recommend certification for the proposed X".

Per a Reconsideration Review decision letter dated X, the prior denial was upheld by X, MD. Rationale: "Per evidence-based guidelines, X (X) X drugs according to instructions programmed by the clinician to deliver a specific amount of drug per day or to deliver varying regimens based on flexible programming options, and the X may need to be refilled at regular intervals. The time between refills will vary based on X, drug concentration, dose, and flow rate. In this case, there was a prior determination on X, which the provider noted that the patient did report up to X percent relief with medications; however, this was reported generally. It is unclear how much relief of symptoms and pain was attributed to the claimant's X medications. The combined use of oral X was not specifically addressed. Further, no urine drug screen reporting or recent risk assessments were documented. Without clear indications of the efficacy of the current medication regimen, a discussion regarding continuing X, and updated information regarding compliance measures; this reviewer would not recommend certification for the proposed X. Per medicals, there were no additional medicals noting significant objective changes in the medical records submitted to overturn the previous denial of the request. In addition, a Urine Drug Screen Report was not submitted for review. Exceptional factors were not clearly identified. In accordance with the California medication formulary, there is no indication that the brand medication is required, and the generic would be appropriate. When the requested medication does not meet medical necessity based on information presented, it is expected that the treating provider will follow evidenced-based medication guidelines for safe weaning and discontinuation".

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The Official Disability Guidelines discusses use of implanted drug delivery systems. The medical records at this time do not address concerns discussed in the prior physician review

regarding the need for high combined X and the difficulty in assessing the benefit of X medication use given this combination, moreover, recent FDA warnings advises against the use of unapproved medications for X delivery given potential risks and adverse reactions. The FDA specifically discourages the use of X, as has been proposed at this time. The medical records do not address these multiple issues of concern. Given the documentation available, the requested service(s) is considered not medically necessary and the request is upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- ☐ AHRQ-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)