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**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X who was injured on X. (The exact mechanism of injury was not available).

On X, the patient was seen by X, M.D., for X pain. X was status X. X did well with marked improvement of X pain, X pain as well as X. It was noted that on X, X developed X pain with X. On X, X went to the X, where X had a computerized tomography (CT) of the X which revealed X. The patient had X x-rays on X, which revealed a X. The history was notable for X by Dr. X after a X. X did well following that X. The patient had been going to X. X had approximately X." X had improved since X but had recently exacerbated. X underwent X on X, with excellent results. X continued to have some issues in the X. X worked well for X and occasional X. X had finished X to the X, and this had improved X. X had improved but over the last year, X. X had undergone X, X last one was on X, with excellent results. X was taking X, but this had been off as taken off from the market. X had an EMG on X, by Dr. X. EMG/NCS was consistent with X. X continued to complain of X pain and some X. The X dated X, was reviewed on X, by Dr. X and was unremarkable. X CT scan revealed X. No areas of X were noted. X dated X, was reviewed. X were in a good position at X. There was some X. X had undergone the X with significant improvement especially on the X. There was X that seemed to be X. On exemption, the patient remained X. X continued to be X. X had X. There was one X. X was X in all the X. The X test was not performed. The X exam revealed X. X was X. The assessment was X. Dr. X noted that X was approved. The patient had to undergo a Medical Dispute Resolution. Therefore, X was refilled.

On X, a Letter of Medical Necessity by Dr. X indicated that the patient was being followed for X pain and possibly X. X had also known X. X was taking X for X pain. X had X. These were being treated with X. X also had been treated with X. Unfortunately, this was no longer available even in the

generic form. The patient had taken X for the X. The X worked great. X showed X. X had performed X screens which were consistent with X current medication. X score was X which was a X. The reviewer had denied the appeal stating, "The potential for X. X was commonly used for X. The X updated X criteria for X." It was X. The patient was using it for X. Therefore, Dr. X requested to continue using for X.

On X, Dr. X saw the patient in a follow-up visit. X wanted to have X repeated as they significantly improved X pain on the X. On examination, X continued to be X. X continued to be X. X had X. There were X. X was X tested. The X test was not performed. The X exam revealed X to X. The patient was recommended X. X was advised to follow-up in X were approved.

Per a Utilization Review dated X, from X, the request for a X, did not meet established criteria for medical necessity, based on our physician review. Rationale: "*The Official Disability Guidelines stated that the overuse of X. The requested X is not indicated at this time. The evidence-based guidelines generally recommend against the use of X due to the possibility of X. While understanding that the submitted medical records indicated that the patient had X. Given the repetitive nature of these X, the suggested need for X, this was clearly a X and as outlined in the ODG, this particular X is not supported for X. It is noted that the patient has X. The X screenings have been consistent with the X. Therefore, a deviation from guideline recommendations would not be appropriate in this circumstance. Alternative solutions need to be sought given in the related comorbidities associated with this particular X. Based on this discussion, the request for X is non-certified*." Criteria: Regarding X, the Official Disability Guidelines provided the following recommendations: Not recommended for X. Not recommended for X. Use for X: Overuse of X. The latter was a daily, or almost daily, X. Not recommended. Official Disability Guidelines, Pain: X. (2020).

On X, a Letter of Appeal was submitted on behalf of the patient by Dr. X for the denial of requested X. Dr. X noted that the patient had received excellent results from this, X although Dr. X agreed that this should be used for X. An appeal was submitted for the adverse determination dated X.

On X, an acknowledgment letter form X, Inc indicated that the request for

appeal/reconsideration for X" had been received.

Per a Utilization Review dated X, from X,X documented that the request for X, did not meet established criteria for medical necessity, based on the second physician's reconsideration review of the information submitted. The original determination was therefore upheld. A prior request for X was non-certified in review X by X, M.D. on X. The rationale behind the prior non-certification acknowledged that: "*The patient had prior benefit from the X but indicated that the cited guidelines recommend against the chronic use of this medication due to the possibility of dependence and its ability to X. A X letter from X, M.D., has been submitted which did not provide any new information beyond reiterating that the claimant had prior benefit with this X. Per the submitted documentation, the patient was being treated for X. X was initially injured in the course of X regular duties but the initial mechanism of injury undisclosed. As a result of this injury, the patient had persistent pain that limited X normal activities. Prior treatment had consisted of X. X was also X. The provider has failed to submit any current clinical documentation beyond the referenced appeal letter. A X letter authored by X, M.D., indicated that the patient continued to have X. X was stated to be beneficial and the patient had demonstrated no signs of X. The provider stated that the patient was not using this X. The provider is appealing the prior determination*". The ODG did not support the use of X. X had a high potential for dependence and there was limited evidence of benefit. X was commonly used for X Rationale: *The prior determination was appropriate. The cited guidelines do not support this class of medication for the treatment of X. As the prior reviewer noted, that while the patient was not stated to be using this X. Furthermore, in the X letter, this X was to be used for X, but the provider also suggested that X be X. The provision of X. No new clinical information has been submitted and the appeal letter only reinforced that there had prior benefit from X which was stated to be a consideration in the prior review of this X. There were no extenuating circumstances that would support overturning the prior denial to support the ongoing use of X despite the guideline recommendations. During the peer-to-peer process, the provider indicated that the patient originally was taking X which was working but was taken off the market and X has also tried X. The X is working well for the X, and they typically take the X. As the guidelines do not support X for ongoing use due to the risk of X, and the provided information does not suggest that all supported treatments have*

*been exhausted, the recommendation remains for noncertification. Based on the ODG recommendations and available information, the request X is non-certified*".

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

**X is not an approved X per Appendix A of the ODG Worker's Compensation Drug Formulary. Furthermore, the ODG do not support this X. There are no extenuating circumstances to support the ongoing use of X. Thus, it is considered not medically necessary and is non-certified.**

☐ Medically Necessary

☒ Not Medically Necessary

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

☒**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**