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Notice of Independent Review Decision

IRO REVIEWER REPORT

X

[Date notice sent to all parties]:

X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

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

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]: The claimant is a X who sustained an injury on X when luggage fell onto X back. The claimant had been followed for a history of chronic low back pain. The claimant had used X for chronic pain. No clinical records for the claimant were included for review.

The use of X was denied by prior utilization reviews as there was limited documentation regarding compliance monitoring and improvement with the use of this medication.

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

The use of short acting opiates or narcotic medications can be an option for the treatment of acute or chronic musculoskeletal pain when 1st line medications have been attempted and are not effective. The current evidence based guidelines do not recommend long term use of this medication class due to the lack of evidence these medications are effective in relieving pain over the long term vs. the risks involved with their use to include dependency and abuse. There were no clinical records of the claimant submitted for review detailing the extent of pain relief or functional improvement with the ongoing use of X. The records did not detail recent risk assessments or urine drug screening results for compliance as recommended by current evidence based guidelines. Given these issues which do not meet guideline recommendations, it is this reviewer's opinion that medical necessity for the requested X is not established and the prior denials are upheld.

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

- X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**