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***Notice of Independent Review Decision  
Amendment X***

**IRO REVIEWER REPORT**

**Date:**X; Amendment 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:

- Overturned      Disagree
- Partially Overtuned      Agree in part/Disagree in part
- Upheld      Agree

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X**

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who sustained an injury on X. In X, X was X. X second injury then occurred on X into the elbow where X required an elbow transposition. X also had a X in X left wrist. The diagnoses included complex regional pain syndrome I of right upper limb as a direct result of neuropathic injuries to both X left and right wrists and elbows following work-related injuries. X was seen by X, DO on X. X had a history of X. There was marked X. X was utilizing X. X. It was effectively alleviating more than X of X ongoing pain complaints. X was satisfactory. Online psych assessment showed X. X had good grip strength in both hand. On X, X presented for a follow-up. X continued to do well with X. It was effectively alleviating more than X of X ongoing pain complaints through the year. X had received this care, void of side effect. X affect had improved. X had marked X, much improved with this X. X affect had improved. X every X. Additionally, X used X. X X was satisfactory. Online psych assessment showed X. X had good grip strength in both hands. X was noted. Treatment to date included X Per the utilization review by X, MD on X, the request for X was non-certified. Rationale: "Per Official Disability Guidelines, Pain Chapter, Online Version, (Updated X), X, "Recommended as an option; may be a first-line or second-line option." Per Official Disability Guidelines, Pain Chapter, Online Version, (Updated X), X, "Recommended; may be a first-line treatment option. ODG Criteria. X may be indicated when ALL of the following are present (!): Appropriate clinical condition, as indicated by 1 or more of the following: X, as indicated by ALL of the following (2) (3) :Clinical condition is 1 or more of the following: Generalized X. Social X. The patient's symptoms are not X. X pain, as indicated by ALL of the following: Age X years or older. Pain due to 1 or more of the following: X.X, as indicated by ALL of the following: Age X years or older. X. No concomitant use of X. Patient does not perform X." In this case, the documentation did not establish that the patient was being monitored for X. In addition, a pain agreement must be signed established with the

documentation. Lastly, the medication is as benefiting the patient. Thus, medical necessity has not been established. Therefore, this request is not certified." Per the utilization review by X, MD on X, the request for X was non-certified. Rationale: "As per Official Disability Guidelines, Pain Chapter, Online Version, (Updated X), Opioids for Pain, Criteria for Use, "d) Prescriptions should be from a single practitioner taken as directed, and all prescriptions from a single pharmacy. This can be verified, in part, from prescription drug monitoring reports. ( e) Ongoing assessment should continue to include pain and function outcomes, as well as progress toward treatment goals. This should be documented. A LACK OF CLINICALLY MEANINGFUL IMPROVEMENT IN FUNCTION IS A REASON FOR DISCONTINUING OPIOID THERAPY. A X improvement in pain and function is considered clinically meaningful." "(f)X." In this case, the patient has chronic low back pain. The provider indicates the patient has been withdrawn from X. The provider indicates prior use of medication has resulted in decreasing pain and ability to perform\_ activities of daily living. However, there is no documentation of at least X functional improvement from prior use to meet guideline criteria for continued use. There is also no documentation of compliance as evidenced by X and UDS reports to support continued use. Therefore, the request is not medically necessary and not certified. (Non-certification does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Discontinuance should include tapering prior to discontinuing to avoid withdrawal symptoms. However, the weaning schedule should be at the discretion of the treating provider in accordance with the patient's treatment plan.)"Thoroughly reviewed provided documentation including peer reviews. Peer reviews had issue with whether patient followed opioid prescribing guidelines. However, even per their cited ODG criteria, it appears Dr. X had appropriately documented everything they had issue with. The patient had a pain agreement, X was checked, the patient had X pain relief (though some may be attributed to X). Though no UDS was checked, this is not an

absolute requirement, only recommended as X. One peer review may have also questioned if patient met criteria for X. Per the cited ODG criteria, patient has X are medically necessary and certified

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

Thoroughly reviewed provided documentation including peer reviews. Peer reviews had issue with whether patient followed X. However, even per their cited ODG criteria, it appears Dr. X had appropriately documented everything they had issue with. The patient had a pain agreement, X was checked, the patient had X pain relief (though some may be attributed to X). Though X was checked, this is not an absolute requirement, only recommended as part of X. One peer review may have also questioned if patient met criteria for X. Per the cited ODG criteria, patient has X. X are medically necessary and certified  
Overturned

**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**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**