Independent Resolutions Inc.
An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (682) 238-4977
Fax: (888) 299-0415
Email: @independentresolutions.com

Notice of Independent Review Decision

Amendment X

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IRO REVIEWER REPORT

Date:X; Amendment 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 Overturned Agree in part/Disagree in part

☐ Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. The biomechanics of the injury was not available in the provided records. The diagnosis was complex regional pain syndrome (CRPS) type 2 of right lower extremity (355.71) (G57.71).On X, X was evaluated by X Dr. X, MD for a follow-up visit regarding pain in the right foot with burning. Dr. X stated that they had a letter from pharmacy at X insurance stating the side effects and risks associated with the pain medications, discussed with the letter back that X was using the medications at X. With the pain control, the quality of life and quality of sleep were improving. This was detailed throughout the chart. Also, X was compliant with the treatment plan and taking the pain medicines as prescribed. That was keeping the pain in control. The compliance with the treatments monitored with regular checking of X report and regular visits to the office and also with X. No reported side effects with the medications and no signs of symptoms of X. X was aware of risks associated with the X. X was trying to get the assist drive on X own insurance because the Workers' Compensation insurance denied X repeatedly in the past despite multiple appeals that sent. Again, they were treating exclusively for the CRPS in the right foot as related to the work-related injury. X had other medical conditions that Dr. X was not treating. Dr. X was only treating X in relation to X right foot pain from the CRPS. X continued to have the CRPS and pain in the right foot that was affecting X function and need the medications to continue with activities of daily living. X had the chronic nonmalignant pain from the CRPS in the right foot. The pain in the right foot with the neuropathic pain, the pain

was burning and tingling on a continuous fashion. The pain went in aggravation intermittently with sharp lancinating, electrical like jolts and sensations. These were felt on the skin and deeper in the tissues. The pain affected with colder weather and with wet and humid conditions. X had changes in temperature and color and sweating pattern. X continued to need the X, but X was using no ambulatory devices around the house and around X work, but X needed a X for these short distances. The pain in the right foot was aggravated with the colder weather and that was getting into the season along with the rain. The skin went into congestion and sweating. The skin colder and sometimes was warmer. X was on schedule with the pain medications and was using those as prescribed for the pain control. X denied euphoria associated with the use of the pain medications. The pain was rated at X without the medications. But, with the pain medications the pain level drops to X. Last urine toxicology testing done in X was compatible with the medications. X also continued to have the pain in the right wrist. The pain was deep, achy, stabbing and worse with range of motion. Physical examination revealed X was in mild distress. There was limited range of motion of the shoulder. X was on X and walked in the examination room limping on the right side. The skin was shiny and thin. X was having redness over the right foot and the skin was cool to touch and the right foot was swollen. X was guarding over the right foot and ankle, and there was stiffness in the range of motion with flexion to X degrees and extension to X degrees. X was advised to continue with X. Also X were renewed. X was advised to continue with the treatment plan since that was working and controlling the symptoms. The X. No reported side effects and the daily functions and activities of daily living were improved with the pain control. Additionally, other X. Given the X, they discussed about the risk for accidental overdose on the pain medications. X was used for the pain control and X. Based on the above findings and the clinical response to the X medications and improvement of the activities of daily living, sleep and work performance, Dr. X made

the complex decision to continue the X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “The Official Disability Guidelines support continued usage of X if there is an objective decrease in pain and increased ability to function as well as monitoring of aberrant behavior. The progress note provided for this claimant dated X, states that there is decreased pain and increased ability to function with medications prescribed. However, multiple medications are prescribed. It is unclear what specific benefit there has been with usage of X. Without additional clarification, the request for X is non-certified. Regarding X , this medication is commonly prescribed for treatment of X. Literature study supports its usage for this condition. However, progress notes provided dated X, do not include this diagnosis. Accordingly, the request for X is also non-certified.” On X, X, MD wrote an appeal letter regarding the denial of medications. Dr. X stated that X had X medications denied by insurance because X did not call back for (DUR) Drug Utilization Review. However, last week, X set up for peer-to-peer. The person who was doing the peer-to-peer was using X cell phone and the call dropped two times while attempting to connect with the reviewing doctor. Dr. X never got to speak with the reviewing doctor. At the time, on X, X received a denial for the medication of X and the reviewing doctor did not want to talk to X anymore because reportedly, X did not come to the phone and X was rude. (X was not sure how this could be when X came to the phone two times and the intermediary person never connected the two parties and the calls dropped two times). X stated to note that the request from the pharmacy including data about the medications prescribed to X was in relation to X work conditions. X would like to explain that the injuries approved in the claim had resulted in chronic pain conditions that did not respond to multiple treatment modalities both conservative and interventional as detailed in the chart. X was using the X. With the pain control, the quality of life and quality of sleep were improving. This was detailed throughout the chart.

X continued to need assistance in ambulation because of the foot pain related to the CRPS in the claim and X needed X that Workers' Compensation insurance was consistently denying. Also, X was compliant with the treatment plan and taking the pain medications as prescribed. This was keeping the pain under control. The compliance with the treatment was monitored with regular checking of X report (X) and regular visits to the office and also with random drug testing showing compliance. Furthermore, there were no reported side effects with the medications and no signs of symptoms of drug diversion or abuse. X was aware of the risks associated with the X. Based on the above, the pain medications were used appropriately to treat the symptoms related to the allowed conditions in X claim. The cost was medically reasonable as the medications were related to the treatment of the allowed conditions in the claim and medically necessary, thus satisfying all requirements for the treatment of the work related conditions allowed in the claim. Therefore, X respectfully disagreed with the decision to stop the medications of X that X had been using to treat the conditions allowed in X claim stemming directly from X work-related injury. Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale for X: "The Official Disability Guidelines recommend X as a first-line or second-line option for pain. The prior request for X was denied as multiple medications were prescribed and it was unclear what specific benefit there had been with usage of X. In this case, the claimant complained of right foot pain. The claimant was prescribed X. The claimant was appropriately monitored for compliance and aberrant drug behavior. The claimant had a quantifiable decrease in pain with the medication. The provider indicated that the claimant had functional benefit with the prescribed medications with improved quality of life and improved sleep. However, the documentation did not detail objective exam findings of functional improvement such as with distance walking, improved range of motion, or increased time that the claimant was able

to participate in specific activities of daily living. As such, continuation of the treatment is not recommended. As such, the request for X is noncertified". Rationale regarding X: "The Official Disability Guidelines recommend X as a first-line or second-line option for pain. The prior request for X was denied as multiple medications were prescribed and it was unclear what specific benefit there had been with usage of X. In this case, the claimant complained of right foot pain. The claimant was prescribed X. The claimant was appropriately monitored for compliance and aberrant drug behavior. The claimant had a quantifiable decrease in pain with the medication. The provider indicated that the claimant had functional benefit with the prescribed medications with improved quality of life and improved sleep. However, the documentation did not detail objective exam findings of functional improvement such as with distance walking, improved range of motion, or increased time that the claimant was able to participate in specific activities of daily living. As such, continuation of the treatment is not recommended. As such, the request for X is noncertified." Rationale regarding X: "The Official Disability Guidelines conditionally recommend X. The prior request for X was denied as the documentation did not detail that the claimant had a diagnosis of restless leg syndrome. In this case, the claimant had complaints of chronic right foot pain. The provider indicated that the claimant had symptoms of complex regional pain syndrome. The provider stated that the claimant had benefit with their prescribed medications. The provider recommended continuation of X. However, the documentation did not establish that the claimant has been diagnosed with restless leg syndrome. In the absence of appropriate documentation of the diagnosis, continuation of the treatment is not recommended. As such, the request for X is non-certified. "Thoroughly reviewed provided records including peer reviews. Provider explained in appeal letter the reasoning for the use of X despite not being a first line pain agent - as patient had failed other pain medications prior to provider considering use of X. The dose involving an extended release

and immediate release combination is high but patient was getting relief and provider is following safe X prescribing guidelines. Use of X requested is indicated. On the other hand, the provider appears to imply that the X is used for CRPS. However, X is only used as an alternative and less proven treatment for CRPS after failing multiple other medications. No documentation provided notes any extenuating circumstances for prescribing X and is thus not indicated. X is medically necessary and certified. X is medically necessary and certified. X is not medically necessary and non certified

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

On the other hand, the provider appears to imply that the X is used for CRPS. However, X is only used as an alternative and less proven treatment for CRPS after failing multiple other medications. No documentation provided notes any extenuating circumstances for prescribing X and is thus not indicated. X is medically necessary and certified. X is medically necessary and certified. X is not medically necessary and non certified

Modified

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

☐ 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

☐ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL