

IRO Certificate No: X

## Notice of Workers' Compensation Independent Review Decision

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

**PATIENT CLINICAL HISTORY [SUMMARY]:** This is a X patient who presented with an injury on X. The mechanism of injury occurred when the patient X.

On X, the patient was seen for an office visit via telemedicine and reported continued pain in the right foot and ankle with burning and tingling sensation. The pain was affected by cold weather, wet, and humid conditions. The pain level without medication was X and with medication X. The patient reported the medications helped control the pain and improve activities of daily living (ADLs) as well as quality of life and sleep. X is on file. Last urine drug screen was consistent. The patient was noted with complex regional pain syndrome (CRPS) in the right leg. The patient has X. The current medication includes X. The diagnosis includes CRPS in the right leg, Comorbidities include hypoglycemia; restless leg syndrome, left shoulder and right elbow; TMJ; aortic or mitral valve condition; bicep tear/rupture; and age.

On X a Telemedicine note was completed. It was mentioned that the control of pain with pain medication is helping control of the symptoms and allowing the functions and activities of daily living, enjoyment of life, improving the quality of life and sleep with less interruption by the pain. The goal is symptomatic control of the nonmalignant chronic pain and not to repair the permanent damage in the tissues inducing the chronic pain conditions. The provider was aiming to shift the focus from the nonmalignant chronic pain to other aspects of life by symptomatically treating the chronic pain. The provider also stated that if the pain is not treated it will lead to major morbidity and it is also associated with increased risk of mortality.

A denial letter was completed. The Official Disability Guidelines recommends X as a first-line or second-line treatment option for pain. In this case, prior denials are unclear why the patient requires X. There was no additional information provided explaining why both X and X are required.

On X a recent provider communication was completed. It was stated that the provider has been treating the patient for several years for complex regional pain syndrome (CRPS) of the leg related from X work injury. X has tried multiple treatment modalities and failed to respond. The patient is a candidate for X however given X allergy to X. The patient has been on X to help with the pain. The patient is on X to maintain pain at baseline with X once a day and that X takes X for X. X is the X when it comes to X. Of note that the injuries approved in the work injury claim has resulted in chronic pain conditions with the complex regional pain syndrome of the leg, as described above, that did not respond to multiple treatment modalities both conservative and interventional. The provider mentioned that X have been used as X. The patient is compliant with the treatment plan and taking Xs as prescribed.

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

**1) Is the requested X considered medically necessary for this patient? Why or why not?**

**Answer:** Yes, the requested X is considered medically necessary for this patient.

The Official Disability Guidelines recommends X.

In this case, the patient reported continued pain in the right foot and ankle with burning and tingling sensation. The pain was affected by cold weather, wet, and humid conditions. The pain level without medication was X and with medication X. The patient reported the X helped control the pain and improve

activities of daily living (ADLs) as well as quality of life and sleep. X is on file. Last urine drug screen was consistent. The patient was noted with complex regional pain syndrome (CRPS) in the right leg. The patient has X. The current medication includes X. The patient has been on X to help with the pain. The patient is on X to maintain pain at baseline with X and that X takes X. X is the X when it comes to potency.

The cessation of the X and change of X would place the patient at risk, given X diagnosis of CRPS in the right leg, and comorbidities include hypoglycemia; restless leg syndrome, left shoulder and right elbow; TMJ; aortic or mitral valve condition; bicep tear/rupture; and age. Based on the documented positive response experienced by the patient while on the medication and dosage, the request is supported as an exception to the policy criteria and to be used as a management for breakthrough pain. As such, the request for X is considered medically necessary.

**SOURCE OF REVIEW CRITERIA:**

- 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
- 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)

ODG Criteria:  
X

**REVIEW OUTCOME:**

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)