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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: 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)

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]: Patient Clinical History (Summary) X is a X who was injured on X when X was at work and tripped over a X. The diagnosis was right ankle sprain and bilateral knee contusion. On X, X was evaluated by X, ARNP, for X work-related injury. X had been seen and treated at urgent care after X injury on X. X had tried X. X also tried X. X noted X had not been working. X felt X pain had only been getting worse over the past few months. X had been wearing a right ankle brace and bilateral knee braces. At the time, X presented for X. X reported ongoing bilateral knee and right ankle pain. X stated X had completed X. X had continued severe pain and noted weakness and stated X knees would give out suddenly. X walked with crutches and wore bilateral knee braces as well as a right orthotic boot. X had undergone X. X had been recommended for X. X had been prescribed X. X found X waking up in the middle of the night in severe pain. X discussed increasing X. X had not met MMI. X ongoing pain level was X, worst pain level with medication was X, and worst pain level without medications was X. On examination, X was noted to ambulate with crutches. Tenderness was noted at X. Right ankle was with X. An X was noted. It was difficult to assess strength in the bilateral lower extremities due to pain. The assessment was X. An MRI of the right knee dated X demonstrated X. There was X. A X were noted. There was no other evidence of significant internal derangement. An MRI of the left knee dated X identified X noted; X noted; and no other evidence of significant internal derangement. An MRI of the right ankle dated X, revealed the X. This likely represented a X. There was X. Mild edema was seen in the X. There was a X. Treatment to date X. Per a utilization review / adverse determination letter dated X, the request for X as requested by X, NP with X was denied by X, DO. Rationale: "I would not agree with this

request. This medication is an X. This has been prescribed in the past and has not always been approved. However, when X used it, there was no evidence of benefit. Currently X maintains high levels of pain and is reportedly not able to work secondary to pain. The Official Disability Guidelines indicate that if there is no overall improvement or actual decrease in pain, function, and quality of life consideration for discontinuing the medication is in order. Per a reconsideration review / appeal determination denial letter dated X, the appeal request for X as requested by X, NP with X, DO with X was denied by X, MD. Rationale: "Per the ODG by MCG (Last review/update date: X): "X." Per the ODG by MCG (Last review/update date: X): "X for Pain, Criteria for Use: Treatment type: Medications, Other O. See below for specific criteria. ODG by MCG Criteria, Criteria for use of X: These criteria do not apply to patients who are prescribed X for cancer patients or hospice care." A peer discussion occurred, and the case details were discussed. ODG by MCG guidelines for X require ongoing review and documentation of analgesia, function, side effects, and appropriate medication use. Per the ODG by MCG, "Before initiating therapy, the patient should set goals (including for pain and function), and the continued use of X should be contingent on meeting these goals. Realistic expectations and limitations of X treatment should be discussed." In addition, "Ongoing assessment should continue to include pain and function outcomes, as well as progress towards treatment goals. This should be documented. A lack of clinically meaningful improvement in function is a reason for discontinuing X." Per the peer-to-peer discussion, confirmatory urine drug testing was positive for X. Prescription Drug Monitoring Program (PDMP) monitoring was confirmed. However, Dr. X was unable to identify any examples of functional benefit and confirmed that the patient was not working. X is non-certified. Therefore, the request is denied. "Thoroughly reviewed provided records including provider notes and peer reviews. Patient with continued pain issues and provider is prescribing X to treat the patient's pain issues. While the provider

appears to be following all reasonable prescription guidelines for prescribing X, there is no documentation provided of any functional benefit brought upon from X. Thus, X request does not appear warranted. 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:

Thoroughly reviewed provided records including provider notes and peer reviews. Patient with continued pain issues and provider is prescribing X to treat the patient's pain issues. While the provider appears to be following all reasonable prescription guidelines for prescribing X, there is no documentation provided of any functional benefit brought upon from X. Thus, X is not medically necessary and non-certified.

Upheld

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)**