

CPC Solutions
An Independent Review Organization
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Notice of Independent Review Decision

Amended Date: X

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

X

Description of the service or services in dispute:

X

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)

Information Provided to the IRO for Review:

X

Patient Clinical History (Summary)

The claimant is a X who sustained an injury on X. The claimant had been followed for a history of neck and upper extremity pain. The claimant had been prescribed a number of medications for chronic pain to include X. The X urine drug screen report noted X. The claimant had been prescribed X per the available records. The X evaluation noted continuing neck and upper back pain X. On average, the claimant's pain was X. No specific physical exam findings were reported. The report noted up to X improvement with medications.

The requested X were both non-certified by utilization review as X were not recommended in combination with an X. Due to the lack of a peer-to-peer discussion, X could not be certified.

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Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Regarding X. 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. The clinical records did not clearly demonstrate the extent of pain relief or functional improvement with the ongoing use of X specifically. The current evaluation only noted improvement with medications generally. The records did not detail recent risk assessments for compliance as recommended by current evidence-based guidelines. Given these issues which do not meet guideline recommendations, the request is non-medically necessary and is non-certified.

Regarding X. X can be considered for short term use to address acute flares of chronic musculoskeletal pain. There was no indication from the provided records that the claimant has developed acute flares of musculoskeletal pain or spasms. No other exceptional factors were noted to support the requested X. Given these issues which do not meet guideline recommendations, the request is non-medically necessary and is non-certified

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Internal 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)