Core 400 LLC
An Independent Review Organization
3616 Far West Blvd Ste 117-501 C4
Austin, TX 78731
Phone: (512) 772-2865
Fax: (512) 551-0630
Email: @core400.com

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 Overtuned (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]: X who was injured on X. The mechanism of injury was not available in the provided medical records. The diagnosis was lumbar radiculopathy, lumbar spondylosis, myalgia / myositis – multiple, chronic pain syndrome, and long-term current use of opiate analgesic drug. On X, X, MD evaluated and treated X for the chief complaint of low back pain. X continued with some low back pain worse on the right with radicular symptoms to the hips, buttocks, posterior thighs, and bilateral knees. X had occasional weakness and muscle spasms. X had some improvements with right leg numbness and had to use the hands to assist. X had an x-ray of the lumbar spine on X. X had hip x-ray in X with findings and the report would be requested. X had a X on X by Dr. X, with relief. X had a X. X had X. If the stimulator was off, pain increased. Pain was better with “SCS BS" on left buttock and ongoing medications. X pain was described as achy and throbbing. X pain started post work incident in X. X tried X. X was hospitalized for X with right sided weakness particularly of the lower extremities on X due to increase of low back pain worse on the right with numbness to the legs. X had a X. X did not need a walker all the time. X had entire right sided weakness from a X. X was able to lift the right lower extremities with effort. X had a X placed on X. X completed X in X for the lower extremity pain post fall and stroke with paralysis of the entire right lower extremity. X was enjoying X. X completed X and was done with X. X took low dose X. X son got into a X. X was X. In X, X was standing over X bathroom sink when X turned and felt X tailbone "drop." X was in pain for X days consecutively and had to use X walker. X took X. X took X (X) and X. Medication treatment helped with pain without side effects or aberrant behavior. Refills were needed for X. X tried X in the past, X

caused drowsiness. X, X, X was effective and X caused muscle weakness. X used X from the previous pain specialist with relief. X was denied through insurance. X had also tried X daily as needed. Musculoskeletal examination revealed right lower extremity weakness X, right foot drop, and swollen left ankle and foot. On neurologic examination, gait and station revealed right entire partial paralysis worse on the lower extremities. X had voluntary function with limited range of motion and had to lift assist. Right foot drop was noted and X wore AFO. X was able to plantar flex better than dorsiflex. There was numbness of the right lower extremity distal lo the knee. Right lower extremity reflexes were X. Special tests on the right revealed positive seated straight leg raising test - stiff straight leg raise (SLR). Tight and slow movement with assistance was noted. Special tests on the left revealed positive straight leg raising test - tight and slow movement with assistance. Mild-to-moderate lumbar / lumbosacral spine tenderness to palpation was noted. There was pain with range of motion and trigger points with local radiation. Surgical scar was seen. X was noted in the left buttock. The assessment was X. Dr. X noted that pain had been increasing and would increase to X. X took X (X) and X. Refills were given for X. PMP Aware was accessed and document was reviewed. The report was without findings of concern. UDS confirmation results from X showed that X was compliant with their X. The previous X were reviewed with X, X. The results were X. X understood that the treatment plan may change and / or X be released from the practice. Dr. X discussed with X their most recent X. Non-Compliance was due to X. X was made aware of the discrepancies and educated on the importance of taking their medications as prescribed and abiding by the rules of the medication contract they signed with Dr. X. Dr. X discussed with X the new stringent X. X understood that they needed to wean down narcotics and transition to non-narcotic medications, if possible. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X, was denied by X, MD. Rationale: “With regard to X, while there was

documentation of the claimant having chronic low back pain with radicular symptoms and medication management to continue with the X, there was no documentation detailing what specific overall functional efficacy has been achieved with this medication and why only X. There was also documentation of previous urine drug screening that was non-compliant with X. Therefore, given these circumstances and the guidelines, there is no support for the requested X, and this request is non-certified and weaning is recommended. This decision addresses the medical necessity of X. This medical necessity decision should not be interpreted as a recommendation to stop longterm opioids abruptly and the injured worker is advised to speak with their treating physician. The treating physician and the injured worker are advised to consult relevant guidelines, regarding the most appropriate method for weaning and terminating opioids for this injured worker. “An undated letter of appeal for noncertification of medication - X was documented by Dr. X who wrote that X had been under X care for pain management following X injury on X. This medication had been an integral part of X treatment plan for over a year, and its non-certification would have a severe adverse impact on X health and quality of life. X had been well controlled on X, and it had been essential for maintaining X functional capacity. Without it, X would experience a significant deterioration in X condition, which would impair X ability to perform activities of daily living. X had attempted several alternative treatments without success, including X. Unfortunately, none of these had provided adequate relief. In X, X underwent X. While the X had provided some relief, it had not been sufficient on its own in managing X pain. the combination of X had been crucial in providing a level of relief that allowed X to engage in X daily activities with a tolerable level of pain. It was noted in the notice of non-certification that the decision was partly based on a X result in X. This result, however, stemmed from X. X was educated on the X. Failure to certify this medication would likely lead to a decline in X condition and the ability to manage X pain effectively. This had the potential to

severely impact X physical and mental health, resulting in greater disability and a loss of independence. Given the crucial role X played in X pain management, Dr. X requested an expedited review of this appeal to prevent further harm and interruption in X care. Per a reconsideration review adverse determination letter dated X, the appeal request for X, was denied by X, MD. Rationale: “Regarding X, ODG states that X is recommended for subacute or chronic non-cancer pain if screening and monitoring are planned to assess for abuse, diversion, efficacy, misuse, and safety (e.g., checking state PDMP data, urine toxicology testing). Patient is determined to be a suitable candidate for long-term opioid treatment (i.e., benefits outweigh risks based on assessment using validated tools such as the Diagnosis, Intractability, Risk, and Efficacy Risk Assessment; the Opioid Risk Tool; or the Screener and Opioid Assessment for Patients with Pain-Revised). Prescriber certifies presence in medical record of agreement between patient and prescriber addressing issues of diversion, doctor/pharmacy shopping, prescription management, and use of other substances. Subsequent course is indicated if active treatment plan is in place, as indicated by 1 or more of the following: non-opioid pharmacologic treatment (e.g., NSAIDs, skeletal muscle relaxants, topical therapy), as appropriate and if non-pharmacologic treatment (e.g., chiropractic therapy, elevation, exercise, ice or heat therapy, physical therapy), as appropriate. It is indicated if the patient had improved function or pain with previous prescription of medication, has been re-evaluated by the prescriber since previous prescription for medication was issued, urine toxicology scheduled testing for adherence performed, and if prescription is for 30-day supply or less. In this case, there is no evidence of objective functional benefit associated with the prior use of the medication. In addition, there is no risk assessment profile and updated signed pain contract. As such, the medical necessity of this request is not established. Therefore, the recommendation is to deny X. This medication does not necessitate weaning. “Thoroughly reviewed provided records including provider

notes and peer reviews. The patient has been utilizing X for effective pain relief and the provider is following all reasonable safe prescribing guidelines. Presence of X in the urine screen is not a reason to deny use of X based on the guidelines cited by peer reviews. UDS is utilized only to monitor adherence to medications. X is medically necessary and 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. The patient has been utilizing X for effective pain relief and the provider is following all reasonable safe prescribing guidelines. Presence of X in the urine screen is not a reason to deny use of X based on the guidelines cited by peer reviews. UDS is utilized only to monitor adherence to medications. X is 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)**