

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 20, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Zyvox

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

MD, Board Certified in Family Practice

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records (5/07 – 8/07)
Dr. Progress notes [2005-2007]
Plan Description

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is diabetic with MRSA cellulitis and was started on Zyvox and Doxycycline. Follow-up notes show resolution of cellulites. denied Zyvox and an appeal upheld the denial.

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

SUBMITS A PROTOCOL THAT IS REASONABLE TO HELP REDUCE DEVELOPMENT OF RESISTANCE AND ASSIST IN COST CONTAINMENT. PATIENT WAS NOT TRIED ON ANY PREFERRED ANTIBIOTICS PRIOR TO STARTING ZYVOX. IN FACT, PRIOR CULTURE FOR A CELLULITIS ON 10/14/05 REVEAL SENSITIVITIES TO PREFERRED ANTIBIOTICS WHICH IS YET ANOTHER REASON TO SUPPORT THE USE OF THOSE ANTIBIOTICS PRIOR TO USING ZYVOX.

WHILE ODG IS VALUABLE IN MANY INSTANCES, IT DOES NOT ADDRESS ANTIBIOTICS TO THE DEPTH OF SANFORD.

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
- AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES

- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES**
 - THE SANFORD GUIDE TO ANTIMICROBIAL THERAPY 2005,**
 - DAVID GILBERT, MD**