

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** DECEMBER 24, 2007

**IRO CASE #:**

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

Medical necessity of proposed medications: Effexor XR 75mg#30; Lortab 10/500 1 QID #120; Lidoderm Patch 5%; Lyrica 100mg 1 BID; Soma 350 mg 1 TID; MS Contin 30 mg 1 BID

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

### **REVIEW OUTCOME**

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

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

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Unit	Date(s) of Service	Amount Billed	DOI	DWC Claim#	IRO Decision
724.4	90862		Prosp	1					Overturn
724.4	Effexor XR 75mg#30,1 QD; Lortab 10/500 1 QID #120; Lidoderm Patch 5%; Lyrica 100mg 1 BID; Soma 350 mg 1 TID; MS Contin 30 mg 1 BID		Prosp						Overturn

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 800 pages of records received to include but not limited to: Letter, Law office, 12.7.07; printout, 12.7.98-10.12.07; ODG guidelines (chronic) pain-389 pages; progress notes-patient records 1.30.07-2.14.07; notes, Pain Management, 7.24.07-9.18.07; letters 11.16.07, 11.27.07

Respondent records- a total of 11 pages of records received from the URA to include but not limited to: notes, Pain Management, 9.18.07-11.19.07

Requestor records- a total of 41 pages of records received to include but not limited to: notes, Pain Management, 4.10.07-10.16.07; reports-patient records, 1.30.07-2.10.07; Lab reports 1.30.07-1.31.07

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

History is that this patient was injured on the job, sustained back injury. The patient was treated by Dr. had L5-S1 fusion with cages placed. The patient has continued an ongoing pain. It is a direct result of failed lumbar surgery and fusion.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

Medications provided including standard chronic pain management medications including long-acting opioids with MS Contin, central-acting pain control, and the SSRI system such as Effexor-XR 75 mg. Short-acting pain medicines for breakthrough pain such as Lortab 10/500 mg, lidocaine patch for topical pain relief, Lyrica 100 mg b.i.d. for control of neuropathic pain, and Soma 350 mg for spasm control. These medications are used with the higher standards of chronic pain management. ODG guidelines applied are misinterpreted. The guidelines indicate that there are hopes that many patients would be taken off medications and that there is the potential for opioid potentiation. There is also significant misinformation regarding chronic pain management in regards to the guides. In particular, there are indications in the guides that opioid use leads to addiction. This is only true in 1/10 patients. Opioid use leads to dependency, which is in majority of patients. I believe that the ODG guideline used in the denial is misapplied for this patient, and therefore, I will overturn the URA denial as these medications are consistent with the current teachings and cutting edge management of intractable chronic pain.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES