IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 02/03/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Actiq 1200 mcq. lollipop one unit up to eight times a day

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

Board Certified in Orthopedic Surgery

REVIEW OUTCOME

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

X 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

A Healthcare Coverage Position form dated 08/01/05
Evaluations with M.D. dated 01/19/06, 03/16/06, 04/07/06, 04/28/06, 05/11/06, 07/27/06, and 10/19/06
A letter of approval from M.D. dated 10/13/06
An evaluation with M.D. dated 11/02/06

A letter from Dr. dated 11/03/06
A letter of approval from dated 11/06/06
A letter of approval from R.N., Nurse Reviewer dated 11/14/06
An evaluation with, M.D.

PATIENT CLINICAL HISTORY [SUMMARY]:

On 01/19/06, Dr. recommended continuation of a pain pump. On 03/16/06, Dr. continued Actiq and recommended Zonegran. On 04/07/06, Dr. recommended Dilaudid and a spinal cord stimulator trial. On 05/11/06, Dr. continued to recommend the spinal cord stimulator trial and pain medications. On 07/27/06 and 10/19/06, Dr. refilled the pain pump. On 10/13/06, Dr. wrote a note approving the Actiq. On 11/06/06, provided a letter of approval for Actiq. On 11/14/06, Ms. also wrote a letter of approval for Actiq. On 01/12/07, Dr. refilled the claimant's morphine pump and noted it would be reset for 04/01/07. It was also noted Dr. had tried to refer the claimant to a psychologist.

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

This individual has a history of chronic lower back pain, etiology unknown. She has not responded to multiple narcotic pain medications. She does not have a malignancy. The Actiq lollipops are neither reasonable nor necessary for nonmalignant chronic lower back pain. They are excessive for this indication.

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

X **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**

X **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)**

X **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

SPINE