

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JULY 27, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of the out of pocket expenses for medications of Hydrocodone/ APAP, Alprazolam 1 mg, Propoxy-N/APAP, Meperidine 50 mg and Oxycodone HCL 40 mg from 1.1.06-6.17.07 as listed on the Table of Disputed services.

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 orthopedic surgery 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)
 Overturned (Disagree)
XX Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.4	Hydrocodone/ APAP; Propoxy-N/APAP; Meperidine 50 mg and Oxycodone HCL 40 mg		Retro		1.1.06-3.21.07	UNK			Upheld
724.4	Alprazolam 1 mg		Retro		1.1.06-6.17.07	UNK			Upheld
724.4	Hydrocodone/ APAP; Propoxy-N/APAP;		Retro		3.22.07-5.19.07	UNK			Overturned

	Meperidine 50 mg ; Oxycodone HCL 40 mg								

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-13 pages

Respondent records- a total of 160 pages of records received to include but not limited to: Letter, , L.L.P., 7.13.07, 6.27.07; patient letter, 4.5.07; table of disputed services, 2.2.06-2.10.07; pharmacy printout, 1.13.06-2.10.07; Med conf letters, 4.18.07, 4.26.07, 5.18.07; MRI 12.30.05; Records, Dr., 1.2.06;, 1.14.06-2.2.06; Dr. 2.1.06; FCE 8.24.06; RME 8.25.06; notes, Dr. 11.6.06; notes, Dr, 11.9.06; notes Dr., 12.28.06; Hospital, 6.5.05,3.13.07, 3.22.07; notes Dr. ,3.22.07; letter 12.5.06

Requestor records- a total of 12 pages of records received to include but not limited to: records, 1.14.06-1.17.06; records Dr., 12.6.05-5.3.07 Spine Assessment 2.2.06

Requestor records- a total of 65 pages of records from the patient received to include but not limited to: letter from patient 4.5.07, 7.13.07; records Dr., 12.6.05-5.3.07; CAN letter 2.6.06; Dr. 11.6.06; notes Dr., 12.28.06; TDI letter 2.12.07; TDI order 2.2.07; copies of pharmacy printout 1.13.06-2.10.07; script from Hospital; notes from Hospital 3.22.07-3.26.07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient had a two-level spine fusion in 1994 performed by Dr. at L4-5 and L5-S1. He also had subsequent breakdown of the L3-4 disc with noted spinal stenosis at L3-4 and lesser at L2-3. This stenosis was managed operatively by Dr. on 3-22-07 with a decompression and fusion at L3-4 and decompression at L2-3.

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.

The patient was using multiple medications pre-operatively and even more post operatively including Oxycontin. His medication regimen pre-operatively included a benzodiazepine, Xanax; a sedative-hypnotic, Ambien or Lunesta; a narcotic analgesic, Lorcet or Demerol; a muscle relaxant, Skelaxin; and an anti-depressant, Effexor.

He had medication issues after his prior fusion surgery per the peer review report. After the 3-22-07 spine surgery, the use of a narcotic analgesic would be allowable for eight weeks with a sedative-hypnotic for six weeks and an anti-depressant such as Effexor on a monitored basis. No benzodiazepine use would be medically necessary per ODG protocols for pain.

Thus, there was no validated medical necessity for these multiple narcotic analgesic and benzodiazepine except for the Propoxy-N/APAP and whichever narcotic, Hydrocodone/ APAP, Meperidine 50 mg and/ or Oxycodone HCL 40 mg, that was written after the spine surgery of 3-22-07 for eight weeks with transition back to something such as Darvocet N-100 and/or tramadol.

Exact prescription dates and amounts for the medications in dispute are not clear since the table of disputed services only lists medications for review through 2.10.07, yet the review period per section VIII- Denial Information, Request for an IRO, lists the review period end date as 6.14.07. The explanation of benefits provided only show requests for reimbursement for medications (medications not listed) from 3.1.06-5.9.07. Therefore, the denial can only be overturned for the assumed continued usage of the Propoxy-N/APAP and for whichever narcotic, Hydrocodone/APAP, Meperidine 50 mg and/ or Oxycodone HCL 40 mg that was written after the spine surgery of 3.22.07 for eight weeks , until 5.19.07.

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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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 (PROVIDE A DESCRIPTION)