

October 19, 2007

DATE OF REVIEW: 10/17/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Prescriptions for hydrocodone and cyclobenzaprine on 03/20/07 and 5/16/07 and Lexapro on 01/09/07 and 05/10/07.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology with current Certificate of Added Qualifications in Pain Management, practicing Pain Management full time

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

There is no documentation of medical necessity for the medications in dispute as stated above.

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. EOBs for denied medications and ODG-TWC guidelines utilized in the denial
3. Office visit documentation and work status reports 09/14/06 – 10/04/07 (18 visits)
4. MRI report 07/06/06, lab report 12/12/06, procedure note for caudal ESI on 03/21/07
5. Physical medicine/rehabilitation procedure note 12/13/06 and follow up visit 01/10/07
6. Peer review 01/11/07
7. Neurology report 10/19/06

8. Individual therapy progress summaries 08/30/06 – 10/16/06
9. Report of Medical Evaluation/Designated Doctor Exam 12/01/06

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The individual has back and leg pain after a work-related injury. Modalities utilized include surgery, injection therapy, behavioral pain management program, physical therapy, home exercise program, and medications. The patient's pain persists.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

Per National Guideline Clearing House, Opioid Guidelines in the Management of Chronic Non-cancer Pain, recommendations include adherence monitoring, which includes screening for opioid abuse and urine drug testing performed along with periodic review and monitoring. Periodic review (page seven of the Guidelines), includes assessing the diagnosis, psychological diagnosis, informed consent, treatment agreement, and appropriate opioid therapy with adequate medication, with or without interventional techniques, pre-intervention and post-intervention assessment of pain level and function, and reassessment of pain score and level of function.

This guideline has not been met. The follow up visits state only that the patient is being "maintained" on medications. There is no assessment of pain level and functional status and no documentation that the pain score and level of function are improved on the medication regimen. Therefore, the criteria have not been met for continuing the medications noted above.

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

(Check any of the following that were used in the course of your review.)

- 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.

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- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)

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