


INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision
2nd REVISED DECISION
(Initial 04.17.08; 1st revision 04.18.08)
Corrected parties in receipt of decision.
See bold print

REVIEWER'S REPORT

DATE OF REVIEW: 04/16/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Prescription of Effexor XR 75 mg on 10/19/07 and 11/19/07.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in private practice of Pain Management for over twenty years.

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)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
300.02	00008083 321	NA	Retro	1	10/19/07	\$137.32			Overturn
300.02	00008083 321	NA	Retro	1	11/19/07	\$137.32			Overturn

INFORMATION PROVIDED FOR REVIEW:

1. TDI Case Assignment
2. Correspondence and EOBs, **and criteria used in the denial (ODG)**
3. Pain Management notes, 07/17/07 through 01/18/08
4. Neurosurgical correspondence, 03/13/93 through 06/29/06
5. Operative report, lumbar hemilaminectomy and discectomy, 01/04/03
6. CT scan, 07/19/03

SUMMARY OF INJURED EMPLOYEE CLINICAL HISTORY:

This individual sustained an injury. After failure of conservative care, further diagnosis of herniated disc with free fragment and cauda equina syndrome was made. He underwent a hemilaminectomy and discectomy with resolution of the majority of his symptoms. Some pain and spasm persisted for the next several years, which was managed with small doses of diazepam and oxaproline. In November 2007 the pain worsened, and Effexor XR 75 mg was prescribed. There was no mention on the office note that depression was present, but there is a letter of medical necessity stating that the patient was prescribed Effexor for depression due his Workers' Compensation injury.

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

Even though there is no mention of depression at the office visit, there is a letter of medical necessity stating that the patient was depressed, and Effexor was prescribed for the depression secondary to the injury. The ODG Guidelines state that it is reasonable to undergo a trial of antidepressants. Also, the ODG Guidelines recommendations for antidepressants for chronic pain state that it is "a possibility for nonneuropathic pain." Therefore, whether this individual is truly depressed or has chronic pain, it is reasonable to undergo a trial of antidepressants.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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