

# P-IRO Inc.

An Independent Review Organization  
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Arlington, TX 76011  
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Notice of Independent Review Decision

**DATE OF REVIEW:** 04/04/2008

**IRO CASE #:**

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

Lortab 10 mg 3 times per day #90; Klonopin 1 mg b.i.d. #60; Lyrica 75 mg 1 t.i.d. #90; baclofen 10 mg 1 t.i.d. #90, Anafranil 50 mg 2 tablets at bedtime #60; plus one refill for all medications.

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

**REVIEW OUTCOME**

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

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines  
Letter from office  
Previous IRO Review 11/12/07  
Denial Letters 12/17/07, 12/18/07, 3/12/08 and 3/20/08  
Medical Records from 12/07 thru 3/08  
Lumbar Sympathetic Blockade 3/5/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient was injured while on the job in xx/xx. The patient was diagnosed with carpal tunnel syndrome. The patient eventually underwent a bilateral carpal tunnel release. After that, the patient started having increased pain and is currently diagnosed with all-over body CRPS. The Reviewer has carefully reviewed all medical records from Dr. however, none of these records address the patient's subjective or objective response to any of these medications.

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

Per the *Official Disability Guidelines*, opioids should be used when there is documentation of "improved functioning and pain." None of the clinical records that the Reviewer has reviewed have even touched on any functional improvement or subjective improvement in pain. In addition, per the *Official Disability Guidelines*, benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." Therefore, given these situations, Lortab and Klonopin are not recommended for continued use at this time. Also, the medications Lyrica, baclofen and Anafranil are not indicated in this patient given that there is no documentation of any improvement in pain or increase in function with these medications. In order to determine whether or not these medications are appropriate, more documentation needs to be provided that specifically describes the patient's benefits with each of these medications. At this time, these medications are not approved for continued use.

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