

I-Decisions Inc.

An Independent Review Organization

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Amended Notice of Independent Review Decision

DATE OF REVIEW: 04/13/2008
AMENDED 4/17/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Xanax 1 mg. 1 tab by mouth 3 times a day, Restoril: 30 mg. 1 cap by mouth every day at bedtime, Lortab: 5 mg. 1 tab q. 8 hours p.r.n. pain.

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)

Upon independent review the reviewer finds that the requested medication Xanax 1 mg. 1 tab by mouth 3 times a day is not medically necessary, that the requested medication Restoril 30 mg. 1 cap by mouth every day at bedtime is not medically necessary and that the requested medication Lortab 5 mg. 1 tab q. 8 hours p.r.n. pain is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured on the job. I have office visit notes from 06/14/07, 11/02/07, and 02/08/08 which describe treatment only with medications. Specifically, the patient receives Lortab, Xanax and Restoril.

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

Per the three office visit notes that I have to review from the prescribing physician, the only thing described is the patient's pain. There is no mention as to the patient's response to the medications he receives for his pain. Specifically, there is no mention of any increase in function or decrease in subjective pain scores. Per the *Official Disability Guidelines*, if opioids are prescribed, "ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects" should be documented. None of this is documented. In addition, the *Official Disability Guidelines* go on to say that benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." Given that Restoril and Xanax are benzodiazepines, these are not indicated per the *Official Disability Guidelines*. Therefore, given the above reasons, Lortab, Xanax and Restoril are not approved.

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 KNOWLEDGBASE
- 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)**