

Applied Resolutions LLC

An Independent Review Organization
1124 N. Fielder Road, #179, Arlington, TX 76012
(512) 772-1863 (phone)
(512) 853-4329 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: 04/06/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient medications: MS Contin 30 mg 1 tab by mouth twice daily #60 no refills, Norco 10/325 mg 1 tab by mouth every 8 hours as needed for pain #90 with one refill, Toradol 10 mg 1 tablet by mouth 3 times a day with flare-ups of pain #9 with one refill, related to left shoulder/arm.

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 MS Contin as specified is not medically necessary, that the requested medication Norco as specified is not medically necessary and that the requested medication Toradol as specified is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 3/5/08, 3/14/08

ODG Guidelines and Treatment Guidelines

Office Visits Follow-Up 2/1/08, 12/21/07, 11/16/07, 12/6/07, 10/5/07, 9/24/07, 7/13/07, 7/1/07, 5/24/07, 4/20/07, 3/20/07, 3/9/07, 11/17/06, 12/30/05, 11/18/05, 10/7/05, 8/26/05, 7/15/05, 1/26/07, 12/27/06, 10/13/06, 9/1/06, 8/15/06, 7/27/06, 7/18/06, 7/16/06, 3/24/06, 2/10/06

Consultation and Evaluation 5/28/1997

Preauthorization Request

WC Claimant Information

Medical Remarks

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was involved in a motorcycle accident in xxxx and had an injury to his left arm. In addition, he was involved in an accident while riding bulls in xxxx. At that point in time, he broke his left arm. Since then, he has been diagnosed with CRPS of the left upper extremity. This patient currently has an intrathecal pump which contains morphine. The request from the treating physician is for MS Contin, Norco and Toradol. On 11/16/07, the patient was prescribed MS Contin 30 mg 1 p.o. b.i.d. p.r.n. pain. On 12/06/07, it was stated in the plan that "we may consider him for MS Contin in the future." At that point in time, based on the previous visit, he should have already been on MS Contin. In an office visit note dated 12/24/07, the plan called for seeing the patient back in the office on 02/01/08 for a refill. In the office visit note dated 02/01/08, it was mentioned that the patient's pain is well controlled with the use of MS Contin. According to the notes that I have read, he had not been on MS Contin, or if he was, it is not easily understood. There is also no mention of the benefit with the use of Toradol.

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

Per the *Official Disability Guidelines*, ongoing management of opioids should include "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." It is noted that none of this information is alluded to in any of the office visit notes that I have reviewed. Therefore, given that we are unable to analyze this information, it is not known whether or not the opioids are medically necessary. Therefore, at this time, the request for the opioids, both morphine and Norco, is not approved. It is also noted that Toradol which is a nonsteroidal anti-inflammatory should not be used for chronic use. In addition, there is no mention of the patient's benefit (amount of pain relief obtained and increase in function) from the use of Toradol which was supposedly prescribed back on 11/16/07. Therefore, the prescribing of Toradol is not approved at this time.

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)