

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 20, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of denied services: DOS 4.19.08 medications Tizanidine HCL, Qty. 90 and Nabumetone Qty. 60; DOS 5.2.08 medications Apap/Hydrocodone Bitartrate Qty. 150 and Lyrica Qty. 90

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
959.9	Tizanidine HCL, Qty 90		Retro	1	4.19.08	168.84			Overturn
959.9	Nabumetone, Qty. 60		Retro	1	4.19.08	107.19			Overturn
959.9	Apap/Hydrocodone Bitartrate Qty. 150		Retro	1	5.2.08	130.48			Overturn
959.9	Lyrica Qty. 90		Retro	1	5.2.08	233.49			Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 111 pages of records received to include but not limited to: Imaging report 9.6.00; Imaging report 12.4.00; Imaging report 7.18.01; Ct L-spine report 11.27.02, 4.14.03; Orthopaedic Center notes 7.19.04-5.13.08

Requestor records- a total of 21 pages of records received to include but not limited to: PHMO notice of IRO assignment; email dated 7.10.08; letters 6.9.08, other date unreadable; bill viewer dos 4.19.08, 5.2.08; Corp 1.11.08, 10.30.07; Neurology Associates 11.13.06

PATIENT CLINICAL HISTORY [SUMMARY]:

I have reviewed the information provided indicating that this individual was injured when she was run over by a tractor. She had a pelvic injury, pneumothoraces, and went on to have cervical spine surgery and lumbar spine surgery on several occasions. She now has a failed lumbar syndrome and the treating physician is providing pain management with these medications.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The patient was seen by Dr. for an independent medical evaluation. His conclusion was that he could not find an obvious source of the pain generator and could not see how the spine surgeries were related to the initial trauma. The patient was subsequently evaluated by Dr. through a peer-review and indicated that medications were not necessary based on Dr. 's comment.

It is not proper for a physician to discount the procedures after the fact, nor is it in keeping with the actual injuries. Even if the physician feels that the procedure itself was unnecessary or unwarranted, if it was accepted as part of the injury and treatment -- it has now become a part of the compensable injury. Therefore, a post laminectomy chest pain syndrome would be a compensable injury despite the fact that the independent reviewer does not think the surgery was ever warranted. That does not eliminate the responsibility for treating the patient for the additional trauma of the surgery.

Having reviewed all of the records, it is my conclusion that these medications are reasonable and necessary for treating chronic and retractable pain for a failed lumbar syndrome. ODG Guidelines reports the use of these medications for treating chronic pain, although the ODG Guidelines are very incomplete with regard to failed lumbar syndrome and long term pain management. Standards of care and practice for treating chronic pain, including literature from the State Pain Society, support the use of pain medications in exactly this fashion.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (State Pain Society,)