

Notice of Independent Review Decision

DATE OF REVIEW:

03/13/2008

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Monthly office visits

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management.

REVIEW OUTCOME

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Monthly office visits are not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 02/27/08
- MCMC Referral dated 02/27/08
- Letter dated 02/29/08 from, Claims Manager
- DWC: Notice To MCMC, LLC Of Case Assignment dated 02/27/08
- DWC: Notice To Utilization Review Agent of Assignment dated 02/27/08
- DWC: Notice Of Assignment of Independent Review Organization dated 02/27/08
- DWC: Confirmation Of Receipt Of A Request For A Review dated 02/26/08
- LHL009: Request For A Review By An Independent Review Organization dated 02/20/08
- Center: Letter dated 02/20/08 from, M.D.
- Letters dated 02/14/08, 02/01/08
- Notepad History notes with entry dates of 01/29/08
- Center: Chart Document notes dated 02/04/07 through 01/29/08
- Center: Chart Document note dated 11/30/07 from, M.D.
- Imaging: MRI lumbar spine dated 09/11/07
- Follow up Evaluation dated 01/04/07
- Center: Office note dated 12/07/06 from, R.N.
- : Undated Pre-"Authorization Request Form
- NOTE: Carrier did not supply ODG guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a xx year old female with date of injury xxxx. The diagnosis is Failed Back Surgical Syndrome (FBSS). The injured individual is on Duragesic, hydrocodone, and lyrica with a stable presentation for the past three months, which is what the notes cover. There is no treatment other than medication management. There is no indication the injured individual is having any side effects or poor pain control on her present regimen.

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

The injured individual has chronic FBSS. She is currently prescribed Duragesic 50mcg every 48 hours, hydrocodone 10/500 four times daily, and lyrica. Her condition is stable and unchanged. The attending provider (AP) writes that he must see her every month for narcotic refills; however, he admits the Drug Enforcement Administration (DEA) allows up to three months of renewals without an office visit. Also, there is no indication he has tried any other non-narcotic pain medications besides lyrica to reduce her narcotic requirements. These would include NSAIDs and antidepressants. Finally, the AP note of 11/30/2007 states she is to return in two months and call for her refills in the interim therefore his practice is familiar with this practice.

In reference to the Official Disability Guidelines (ODG), in the Pain Chapter on Opiates there is a blurb about visits in the early stage of opiate therapy, however this injured individual is chronic. There are no good references in ODG for office visits.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES****OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION):**

Federal Drug Enforcement Administration (DEA) regulations 2008.