

True Resolutions Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: 817-274-0868

Fax: 214-276-1904

DATE OF REVIEW: 03/20/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

One office visit every two months for a total of three visits for pain management and Lyrica 75 mg 1 p.o. b.i.d. #60.

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

Medical Records from Pain Institute 5/03 thru 2/08

MRI 8/21/01

Denial Letters 2/19/08 and 2/29/08

Letter 2/18/08 and 2/29/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured while on the job. Since that time, she has been diagnosed with neuropathic pain in the left foot and ankle. She has undergone lumbar sympathetic blocks which have not been helpful for her pain. She was started on Lyrica 75 mg twice a day on 11/07/06. In all of the office visit notes,

nothing was mentioned as to what effect the Lyrica had on the patient. All that I have seen is a note from 03/06/07 which states “the pain has been improved with the use of Lyrica 75 mg b.i.d.” Other than that, there is no specific mention as to how much improvement is seen or any improvement in function.

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

Per the Official Disability Guidelines, “a good response to the use of antiepileptic drugs has been defined as a 50% reduction in pain and a moderate response is a 30% reduction.” Given that nothing specific was stated as to how much Lyrica improved this patient’s pain, the Reviewer cannot at this time approve the use of this medication. Better documentation is necessary to determine whether or not this medication is appropriate for this patient. In addition, given that she is only receiving Lyrica for pain management, the Reviewer cannot approve three more office visits. The Reviewer cannot approve three office visits given that there is no treatment plan in place other than Lyrica which 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)**