

Applied Resolutions LLC

An Independent Review Organization
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Notice of Independent Review Decision

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Buspar: 15mg q8hrs, Celebrex: 200mg 1 po qd, Topamax: 100mg 1 po bid, Zoloff: 100mg 1 po qd, Avinza: 90mg 1 po qd, Xanax: 1mg 1 po qd PRN Anxiety

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

M.D., Board Certified in Anesthesiology with Certificate of Added Qualifications by the American Board of Anesthesiology in Pain Management, in practice of Pain Management and Anesthesiology for 28 years.

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 there is a medical necessity for each of the medications in question.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 2/20/08, 2/26/08
ODG Guidelines and Treatment Guidelines
Follow Up Visit Notes 11/15/07, 10/17/07, 8/22/07, 3/5/08
Follow Up Visit Notes 12/12/07, 9/19/07, 7/27/07, 2/20/08, 7/25/07, 2/28/07, 12/6/06
Follow Up Visit notes 5/30/07
Consultation 8/3/06
Consultations 12/12/07, 10/18/07, 2/28/08, 7/6/07, 4/10/07, 1/26/07

Expedited Appeal Request 2/21/08

Letter 2/27/08

Signed Patient Responsibility Agreement for Controlled Substance Prescriptions and Guidelines for Opiate Therapy 8/3/06

Lab Reports 8/16/06, 10/20/07, 10/22/07

MRI Report 7/5/05

PATIENT CLINICAL HISTORY [SUMMARY]:

This individual fell 30 feet onto concrete in a work-related injury and sustained a closed head injury and multiple fractures. He has chronic pain in the extremities along with anxiety.

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

The ODG Guidelines for medication management state that no additional surgery is indicated, other modalities have been utilized, there is close monitoring of the medications, and the medications provide an increase in comfort and functional status. These criteria have been met. Dr. clearly documents an increase in functionality, decrease in pain level, and a decrease in anxiety from the medication regimen. Therefore, it is reasonable and necessary to continue the current regimen.

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)**