

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 05/21/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

- Elavil 25mg 1tab @bedtime 1 mo #30 3 mo #90
- Welbutrin 150mg SR 2x day 1 mo #60 3 mo #240
- Lyrica 100mg 1tab 3x day 1 month #90 3 mo #270
- Norco 10 2tab 3x day 180 mo 540g 3 months

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

The physician reviewer is board certified in anesthesia/pain management with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

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.

It is determined that the following medications are not medically necessary to treat this patient's condition:

- Elavil 25mg 1tab @bedtime 1 mo #30 3 mo #90
- Welbutrin 150mg SR 2x day 1 mo #60 3 mo #240
- Lyrica 100mg 1tab 3x day 1 month #90 3 mo #270
- Norco 10 2tab 3x day 180 mo 540g 3 months

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Notice of Assignment of Independent review organization – 05/08/08
- Information for requesting review by an IRO – 04/01/08
- Letter of determination– 03/31/08,04/08/08
- Pre-authorization request form – 03/26/08
- Follow-up office notes by Dr. – 09/28/07 to 02/28/08
- Operative Report for insertion of cervical cord stimulator – 02/26/08
- Initial pain evaluation by Dr. – 03/10/06
- Report of MRI of the lumbar spine – 04/26/04, 04/28/05
- Orthopedic History and Physical by Dr. – 11/03/06
- Review of medical services– 03/04/08

PATIENT CLINICAL HISTORY [SUMMARY]:

Information in the medical record documentation indicates that this patient sustained a work related injury resulting in severe axial back, bilateral buttock, and leg pain below the level of the knee. The patient has been treated with medications, epidural steroid injections and insertion of a cervical spinal cord stimulator.

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

1. Norco: ODG guidelines require ongoing review and documentation of pain relief, improved functional status, decreased pain level. There is no documentation of the above in the records reviews and therefore it is not appropriate to continue the Norco.
2. Elavil: Likewise, Elavil efficacy should be assessed. There is no documentation of this and therefore it would not be appropriate to continue the Elavil.
3. Wellbutrin: ODG guidelines require assessment of efficacy which is not present in the medical record documentation presented for review.
4. Lyricea: ODG guidelines require assessment of efficacy which is not present in the medical record documentation presented for review.

In summary, the ODG guidelines are not met to certify the medical necessity of Norco, Elavil, Wellbutrin, and Lyricea.

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)