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IRO CERTIFICATE**

Notice of Independent Review Decision

APRIL 14, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

XANAX – 1 MG #90 SIG: 1 TAB TID PRN
SOMA – 350 MG #9 SIG: 1 TAB TID
LORTAB – 10/650 MG. SIG: 1 TAB Q 8HRS PRN FOR PAIN

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

M.D. Board Certified in Anesthesiology and Pain Management

REVIEW OUTCOME

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

X Upheld	(Agree)
Overtured	(Disagree)
Partially Overtured	(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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Table of Disputed Services

Determination Letters: – 2/1/08; 3/4/08

Whole Body Bone Scan – 10/12/92

MRI Cervical Spine – 3/3/93; 5/26/94

CT Cervical Spine – 4/26/94

X-ray – Cervical Spine – 11/25/03

EMG and Nerve Conduction Report – 10/8/92; 3/30/95

Operative Report – M.D. 4/8/93

Operative Report – M.D. 6/26/94

Report of Electromyography – 1/12/94

Letter of Medical Necessity and Clinical Notes – M.D.

Impairment Rating Facts, 4/4/95

ODG Guidelines

PATIENT CLINICAL HISTORY: SUMMARY OF EVENTS:

This case involves a male who injured his elbow and shoulder after repetitive motion of pushing, pulling and unloading while working. The EMG shows ulnar and C6 neuropathy/radiculopathy. One operative report shows that a C5-6 fusion and left lateral epicondylar release were performed on 4/8/93. On June 28, 1994 the patient underwent a C5-7 fusion. This patient has been prescribed Xanax, Lortab and Soma for long-term use.

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

I agree with the benefit company's decision to deny the requested services.

ODG guidelines do not endorse SOMA, which is a poor muscle relaxant, but does result in sedation and dependence. The National Guideline Clearinghouse endorses opiate prescribing if there is appropriate documentation at regular intervals to assess the efficacy of therapy, with specific evaluation of the impact on functional status, degree of pain relief, identification and treatment of undesirable side effects and monitoring of abuse behavior. This documentation is not present. The ODG does not recommend use of benzodiazepines. Long-term efficacy is unproven and there is a risk of dependence.

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)