

Notice of Independent Review Decision

DATE OF REVIEW: 05/23/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

- Lidoderm – 02/08/08
- Soma – 02/08/08
- Lyrica – 02/08/08
- Tramadol – 02/08/08, 03/19/08, 04/30/08

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

The TMF physician reviewer is a board certified orthopedic surgeon 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 prescriptions were medically necessary to treat this patient's condition:

- Lidoderm – 02/08/08
- Soma – 02/08/08
- Lyrica – 02/08/08
- Tramadol – 02/08/08, 03/19/08, 04/30/08

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Notice to Utilization Review Agent of Assignment of IRO – 05/13/08
- Information for requesting review by an IRO – 03/06/08
- Letter to claimant from – 04/28/08
- Letter to from claimant – no date
- Listing of denied prescriptions – 05/07/08
- Medical Review by Dr. – 07/05/07
- Office visit notes by Dr. – 03/07/96 to 06/14/01
- Report of MRI of the lumbar spine – 04/19/00
- Neurological examination by Dr. – 05/19/00
- Operative Note for discogram by Dr. – 07/06/00
- Report of x-ray of the chest – 11/17/00, 11/20/00
- Report of neurophysiologic monitoring 11/20/00
- Report of x-ray of the lumbar spine – 11/20/00
- Consultation by Dr.– 11/21/00
- Inpatient medical record from Medical Center for admission of 11/24/00
- Progress notes from Physical Therapy – 03/15/01 to 04/10/01
- Physician's Physical Capacities Evaluation Form – 07/20/01
- Officer visit notes by Dr.– 09/07/05 to 06/28/07
- Statement for Pharmacy Services – 08/26/00 to 08/06/01
- Office visit notes by Dr. – 08/24/07
- Letter of medical necessity by Dr. – 01/14/08 to 02/05/08
- Repot of lumbar myelogram – 04/03/07
- Report of nerve root sleeve blockades and regional epidural steroid injections – 04/16/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when she was pushed down by a student and injured her tailbone, wrist and low back area. She has been treated with physical therapy, epidural steroid injections and medications.

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

This patient has failed back syndrome and is under the care of a pain specialist. The medications prescribed are typical agents used to treat this type of condition. Therefore, it is determined that the above listed medications are medically necessary to treat this patient's condition.

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)**