

CORE 400 LLC
240 Commercial Street, Suite D
Nevada City, California 95959

DATE OF REVIEW: NOVEMBER 18, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Aricept 10mg PO Daily; Zoloft 100mg in AM and Zoloft 50mg HS; Norco 7.5mg/325mg QID, Cialis 20mg as directed; Naprelan 375mg 2 Daily

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

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.

The reviewer finds that medical necessity exists for Zoloft 100mg in AM and Zoloft 50mg HS; Norco 7.5mg/325mg QID, and Naprelan 375mg 2 Daily.

The reviewer finds that medical necessity does not exist for Aricept 10mg PO Daily. The reviewer finds that medical necessity does not exist for Cialis 20mg as directed.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 5/28/08, 7/14/08
ODG Guidelines and Treatment Guidelines
MD, 3/15/00-8/7/08
EMG 4/10/00, 6/27/01
Impairment Rating, 1/16/01
Discharge Summary, 2/10/00
XRay, 6/22/04

MRI, 3/14/01

PATIENT CLINICAL HISTORY [SUMMARY]:

The records describe a man who was injured in a truck rollover accident in xx/xx. He sustained burns, a closed head injury (described as post concussion and severe), fractured mandible, pulmonary contusion with acute respiratory distress necessitating intubation, depression, and a rotator cuff tear. He apparently had no paralysis. On his 3/7/01 note, Dr. noted a T8 paraplegia. Subsequent notes from Dr. describe normal walking (11/16/01) and no paralysis. The patient has had ongoing back pain and neck pain and depression. He had been on several NSAIDs at different times including indomethacin, Naprelan and Vioxx. At other times, he had been on Adderall and Provigil and Elavil. He is no longer on these medications. Dr. wrote on 1/30/07 that he was not on any NSAIDs or pain medications, but there is a note stating that he refilled the Naprelan and Norco for the patient's pain. There are multiple Letters of Medical Necessity and appeals of denial in 2008 for Aricept, Cialis, Norco and Zoloft. There is a comment about sexual disturbance in 12/11/00 and referral to Dr.. The current request is for Aricept 10mg PO Daily; Zoloft 100mg in AM and Zoloft 50mg HS; Norco 7.5mg/325mg QID, Cialis 20mg as directed; Naprelan 375mg 2 Daily.

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

Norco 7.5mg/325mg QID. This patient has neck and back pain, and there is a role for the use of Norco in chronic pain patients if there is medical documentation of its effectiveness, which has been provided in this case. The patient meets the criteria as per the ODG. The reviewer finds that medical necessity exists for Norco 7.5mg/325mg QID.

Naprelan 375mg 2 Daily. Naprelan is an NSAID also used for pain. Like Norco, there is a role for the use of this drug in chronic pain patients, provided they are effective. The patient meets the criteria as per the ODG. The reviewer finds that medical necessity exists for Naprelan 375mg 2 Daily.

Zoloft 100mg in AM and Zoloft 50mg HS. This man has depression, and this depression has been well documented. He is taking Zoloft for the depression. According to the ODG, "depression is increasingly recognized as a common sequel to acquired brain injury (and postconcussion syndrome) and the use of antidepressant medication in this context has increased markedly over recent years." The patient meets the criteria for Zoloft as per the ODG. The reviewer finds that medical necessity exists for Zoloft 100mg in AM and Zoloft 50mg HS.

Aricept 10mg PO Daily. Aricept is approved (on-label) for slowing progressive deterioration of Alzheimer's, and to some extent other dementia. It has also been used to treat persons with mild traumatic brain injury. However, Dr. does not document in the records just how this drug is helping his patient. The records provided are insufficient. The reviewer finds that medical necessity does not exist for Aricept 10mg PO Daily.

Cialis 20mg as directed. Cialis is used for erectile dysfunction. The 12/11/00 note is the only one mentioning dysfunction followed by a referral to Dr.. There is no documentation provided in the medical records that demonstrate whether the patient is being helped by the Cialis, or how often it is being used. The records provided are insufficient. The reviewer finds that medical necessity does not exist for Cialis 20mg as directed.

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)