

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW: DECEMBER 14, 2009**

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed prescriptions: Senokot 120units for DOS 7.13.09; SOMA 120 units for DOS 7.8.09

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.83	Senokot		Retro	120	7.13.09	19.99			Upheld
722.83	Soma		Retro	120	7.08.09	10.86			Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 51 pages of records received to include but not limited to:

TDI letter 11.3.09; EOB 8.17.09; letter 1.30.09; Request for an IRO forms; note Dr 7.27.09; report Dr 8.23.07; report Dr 10.29.08

Requestor records- a total of 56 pages of records received to include but not limited to: Dr. notes 12.10.08-11.12.09; These records were received on 12.11.09, too late to be included in the review. The first attempt to collect records was on 11.4.09 via fax request. The second request sent via fax was 11.16.09. On 12.3.09, a third attempt was made by phone and a message left for.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Clinical History: the medical records presented for review begin with a July 27, 2009 letter of medical necessity. It is noted that the date of injury was xx/xx/xx and that this lady has undergone multiple surgeries. The injured employee is now suffering from a chronic pain situation and is being prescribed Norco (for pain), Soma, Lyrica (for neuropathy) and Lunesta (for insomnia). It is noted that the narcotic medications are causing the constipation requiring another medication (Senokot).

Dr. completed a peer review and did not endorse all of the medications noted.

Dr. completed a clinical evaluation and noted that chronic pain situation. A number of comorbidities were noted as well. Dr. outlined why the Norco, Some, Lyrica, Senokot and Lunesta are no longer necessary for treating the work related injuries.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

**RATIONALE:**

As noted in the Division mandated Official Disability Guidelines (Updated December 8, 2009) Carisoprodol is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. ([AHFS, 2008](#)) This medication is not indicated for long-term use."

Senokot is not noted within the ODG. However, it is noted to be a laxative. This medicine is used to relieve constipation. None of the progress notes indicate that the injured employee is constipated to the extent that daily medications are warranted. Thus, the lack of appropriate clinical examination or progress notes would speak against the need for this medication. Dietary changes, exercise appropriate fluid levels and the like need to be documented prior to the chronic need for this type of medication.

Therefore, there is insufficient competent, objective and independently confirmable medical evidence presented to overturn the determination made.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES