

I-Resolutions Inc.

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

DATE OF REVIEW:

Mar/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Hydrocodone APAP: 7.5/500mg 1 po tid-multiple sites;
Maxalt:10mg 1 po at onset of migraine-multiple sites;
Keppra: 500 mg 2 po tid #540-multiple sites;
Depakote:500mg 1 po qid #360-multiple sites;
Gabapentin:600mg 1 po qid #360-multiple sites;
Buspirone HCL:15mg 1 po bid-multiple sites;
Metoprolol:100mg 1 po q am & 1/2 po q pm-multiple sites;
Paroxetine HCL: 20mg 1 po qd-multiple sites;
Skelaxin:800mg 1 po tid-multiple sites

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

MD, Board Certified Internal 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)

Hydrocodone APAP: 7.5/500mg 1 po tid-multiple sites; UPHELD
Maxalt:10mg 1 po at onset of migraine-multiple sites; OVERTURNED
Keppra: 500 mg 2 po tid #540-multiple sites; OVERTURNED
Depakote:500mg 1 po qid #360-multiple sites; OVERTURNED
Gabapentin:600mg 1 po qid #360-multiple sites; UPHELD
Buspirone HCL:15mg 1 po bid-multiple sites; OVERTURNED
Metoprolol:100mg 1 po q am & 1/2 po q pm-multiple sites; UPHELD
Paroxetine HCL: 20mg 1 po qd-multiple sites; OVERTURNED
Skelaxin:800mg 1 po tid-multiple sites; UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

The claimant sustained a gunshot wound to the head in xx/xx/xx. She has residual deficits consisting of right hemi-paresis and a focal seizure disorder. Her left eighth nerve was divided in 1996. Over the years, the claimant has been treated for migraine headaches and seizures. There is reference in the records to frequent falls that have caused chronic neck and back pain, but no objective studies substantiate these diagnoses. She has had episodes of hyponatremia. She is being treated for hypertension and hypercholesterolemia.

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

I have reviewed the applicable guidelines and the peer-reviewed medical literature concerning the use of various medications in the treatment of traumatic brain injuries. Based on the records provided, some of the medications in question are reasonable and necessary, and some are not.

Hydrocodone: The long-term use of opioid medications for the treatment of pain is not recommended. The reviewer finds that medical necessity does not exist for Hydrocodone APAP: 7.5/500mg 1 po tid-multiple sites

Maxalt: The use of triptans in the treatment of migraine headaches is supported by the guidelines. The use of this medication on a prn basis is reasonable and necessary. The reviewer finds that medical necessity exists for Maxalt:10mg 1 po at onset of migraine-multiple sites.

Keppra & Depakote: These medications are reasonable and necessary as used for the treatment of the claimant's seizure disorder. There is no need to document ongoing seizure activity in order to continue these medications; they are indicated as lifelong treatment after her brain injury. The reviewer finds that medical necessity exists for Keppra: 500 mg 2 po tid #540-multiple sites; Depakote:500mg 1 po qid #360-multiple sites.

Gabapentin: Although this medication can be used as an anti-seizure medicine, the records indicate it is being used to treat chronic pain. There is no evidence of a neuropathic process as the source of the claimant's pain, and therefore this medication is not reasonable and necessary. The reviewer finds that medical necessity does not exist for Gabapentin:600mg 1 po qid #360-multiple sites.

Buspirone & Paroxetine: The claimant carries a diagnosis of depression, related to her injury. Although she has not seen a psychiatrist, there is ample evidence to support these diagnoses provided in the medical records for review. The reviewer finds that medical necessity exists for Buspirone HCL:15mg 1 po bid-multiple sites; and Paroxetine HCL: 20mg 1 po qd-multiple sites.

Metoprolol:100mg: Although this medication may be used as migraine prophylaxis, there is not enough documentation to support its use in this claimant. No evidence of efficacy (i.e. headache log) is provided. The records do not show that this medication is being used to treat the patient's hypertension. The reviewer finds that medical necessity does not exist for Metoprolol:100mg 1 po q am & 1/2 po q pm-multiple sites.

Skelaxin: The long term use of muscle relaxants is not indicated in the treatment of chronic pain. The reviewer finds that medical necessity does not exist for Skelaxin: 800mg 1 po tid-multiple sites.

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)