



Notice of Independent Review Decision

**DATE OF REVIEW:** 3/3/09

**IRO CASE #:**

**NAME:**

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

Determine the appropriateness of the previously denied request for reimbursement of prescriptions, dispensed 10/8/07 – 10/28/08.

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

Texas licensed Orthopedic Surgeon

**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 previously denied request for reimbursement of prescriptions dispensed 10/8/07 – 10/28/08.

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

- Email Message dated 2/26/09.
- Fax Cover Sheet dated 2/3/09.
- Notice to of Case Assignment dated 2/3/09.

- Notice of Assignment of Independent Review Organization dated 2/3/09.
- Form for Requesting a Review by an Independent Review Organization dated 1/14/09.
- Denial of Reimbursement Letter dated 1/13/09.
- Medical Expenses Sheet dated 11/15/08 – 10/3/07.
- Progress Note dated 6/11/08, 1/21/08, 10/1/07, 8/15/07, 5/21/07, 8/28/06, 6/28/06, 1/16/06, 8/22/05, 5/25/05, 1/19/05, 6/2/04, 4/7/04, 2/25/04, 1/14/04, 12/3/03, 9/17/03, 6/11/03.
- Final Peer Review Report dated 5/12/06.
- Report of Medical Evaluation Form dated 6/30/04.
- Cover Letter/Summary dated 6/28/04.
- Sensory and Motor Summary Report dated 6/21/04.
- Upper Extremity Impairment Evaluation Record Form dated 6/17/04.
- Wrist Measurement Summary Sheet dated 6/17/04.
- Required Medical Examination Report dated 7/18/03.
- Left Forearm MRI Findings Report dated 3/24/03.
- Left Hand MRI Findings Report dated 3/5/03
- Left Wrist MRI Findings Report dated 3/5/03.

**PATIENT CLINICAL HISTORY (SUMMARY):**

Age: xx years

Gender: xxxx

Date of Injury: xx/xx/xx

Mechanism of Injury: Pushing a motor.

Diagnosis: Left wrist tendon laceration and chronic left wrist pain.

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

The claimant is a xx-year-old male who sustained a laceration to his left wrist on xx/xx/xx, while pushing a motor. He was found to have tendon lacerations and underwent surgery, the date of which was not provided. He had postoperative therapy for two months. An MRI of the left wrist on 03/05/03 was normal. An MRI of the left hand on that date was also normal. An MRI of the left forearm on 03/24/03 was normal. Dr. saw the claimant on 06/11/03 for persistent left wrist pain, decreased sensation over the dorsum of the thumb and tenderness to touch around the scar. There was a healed scar over the radial aspect of the left wrist, a positive Tinel's and decreased sensation over the dorsum of the thumb. A left wrist probable painful neuroma was diagnosed and cortisone injections recommended. Dr. performed a required medical evaluation on 07/18/03, for ongoing symptoms of the left wrist including coldness of the radial aspect of the left wrist extending down the dorsum of the thumb and index fingers, trouble lifting his keys, a shocking sensation from the dorsum of the thumb down to the index finger, pain when anything touched the thumb area in and around the laceration. He had lost some power in the hand to the area of the laceration. Dr. opined that the claimant should only be treated

for the laceration of the wrist and the discomfort that radiated down to the thumb and index fingers, that no additional therapy would be useful, did not need work conditioning and should be referred to an orthopedic surgeon or hand surgeon regarding surgery and that post neuroma removal may require referral to a pain specialist so that a drug like Neurontin could be monitored.

Around November 2003, the claimant underwent revision surgery by Dr., the specifics of which were not provided. Dr. saw the claimant on 12/03/03 and noted hypersensitivity over the scar. Lortab was recommended and indicated that he “will await Dr. recommendations” and continuation of the same work duty status were recommended. On 06/02/04, Dr. felt that the claimant had reached maximum medical improvement (MMI) and sent the claimant for rating and recommended return to regular duty work. A medical evaluation performed on 06/30/04, noted the claimant to have reached clinical maximum medial improvement and a 5 percent whole person impairment rating was given. Dr. saw the claimant on 05/25/05, 08/22/05 and 01/16/06 for continued discomfort over the arm with some inflammation. The examinations noted tenderness over the surgical scar and along the volar and dorsal aspect of the forearm. Dr. recommended Biofreeze gel and Ultracet and follow-up with Dr.. On 05/12/06, Dr. performed a peer review and opined that Biofreeze and Ultracet were not reasonable and necessary. Dr. saw the claimant on 06/28/06 for ongoing intermittent arm pain with a recent aggravation after bumping it. There was tenderness over the previous scar excision sites from the neuroma. Biofreeze and Ultracet were prescribed. At the 05/21/07 follow-up, the claimant reported ongoing complaints. There was tenderness over the previous excision site and over the dorsal aspect of the forearm. Motion was full. Ketoprofen cream with Menthol and Ultracet were recommended. On 08/15/07, Ultram was prescribed. Dr. -evaluated the claimant on 10/01/07. The examination was unchanged. Dr. recommended a follow-up with Dr. Ultram and Ketoprofen cream. He stated he had nothing else to offer the claimant. On 06/11/08, the claimant was re-evaluated by Dr. for ongoing complaints of left arm pain. The examination again noted tenderness over the dorsal aspect of the forearm. Dolobid and Biofreeze gel were prescribed. On 01/13/09, a note indicated that the prescriptions were denied based on the review by Dr. dated 05/12/06. A denial form noted that the medications from 10/08/07 through 10/28/08 were denied. Medical expense forms noted: Tramadol from 10/08/07-10/28/08; Pseudoephedrine 01/30/08; Amoxicillin 01/30/08; Cephalexin 06/02/08; Ibuprofen 01/30/08, 06/02/08 and 06/11/08; and Hyoscyamine 03/03/08. The prescriptions of Amoxicillin, Pseudoephedrine, Cephalexin and Hyoscyamine are for an upper respiratory infection and would not be for treatment of her industrial injury. Tramadol and ibuprophen are respectively an analgesic and a non-steroidal anti-inflammatory drug (NSAID). Dr. recommended no further medications were needed on 5/12/06. Based solely on review of the records provided and consistent with evidence-based medicine, the prescriptions as outlined cannot be reasonably attributed to the injury of 12/12/02, now greater than six years ago. The medical records do not support the indications for ongoing use of the medications.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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. Official Disability Guidelines (ODG), Treatment in Worker’s Comp 2009 Updates, (i.e. Pain, Tramadol, Opioids for chronic pain, NSAIDS)
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).