

INDEPENDENT REVIEW INCORPORATED



DATE OF REVIEW: 05/14/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Propoxyphene, napsylate, Lyrica medications or any medication within the same class

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
7998	0060354672 8		Retro.	30	11/03/08	\$15.99	xx-xx-xx		Overturn
7998	0007110136 8		Retro	30	11/03/08	\$75.99	xx-xx-xx		Overturn

INFORMATION PROVIDED FOR REVIEW:

- Case assignment
- Letter of denial, 12/24/08 and 02/10/09
- Required Medical Examination, 03/20/08
- Orthopedic evaluations and office visits, 02/18/08, 04/17/08, 05/19/08, and 11/17/08
- Orthopedic evaluations and office visits, 01/03/07, 04/04/07, and 11/19/07
- Nerve conduction study, 12/05/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The medical records describe an injury to the neck, lumbar spine, right knee, and right shoulder. The patient was treated conservatively with medications and physical therapy as well as epidural steroid injections. He underwent arthroscopic knee surgery with removal of plica. There were noted degenerative changes in the knee. Throughout the course he complained of radicular pain in his lower extremities as well as low back pain. During that time, he was treated with both Darvocet and Lyrica. Retrospectively the insurance companies and recent Peer Reviews have denied the use of these medications as medically unnecessary.

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

Throughout the medical records reviewed from the treating physicians, the patient does complain of mechanical low back pain as well as neuropathic pain in the legs. Darvocet is indicated for mechanical low back pain, and Lyrica is indicated for neuropathic pain. These symptoms appear to be well documented and related to the work injury. A thorough review of the medical records reveals these medications to be medically reasonable and necessary in this case. The patient on multiple examinations did not demonstrate Waddell signs and therefore was given a reliable examination and history.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
 Mercy Center Consensus Conference Guidelines.
 Milliman Care Guidelines.

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- 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 national accepted medical literature (provide a description).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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