

Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: MAY 18, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed PRP Darvon 65 MG (#168), 1 PO every 4-6 hours PRN pain

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 orthopedic surgery 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

(Disagr

ee)

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
718.91, 722.0, 723.4, 353.0	Darvon 65 MG 1 PO every 4- 6 hrs		Prosp	1			xx-xx- xx		Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with a non-certification of the medicine Darvon.

The first request was not supported as this was received from a provider who does not have prescriptive authority. The second request was not certified, as functionality was maintained without the use of narcotic medications. Attached was the ODG citation.

There is a March 6, 2009 follow-up progress note from Dr. noting that the injured employee is "status quo" and that the patient remains functional and comfortable with the medication protocol. (This includes Darvon, Zanaflex and Lyrica). This position is contradicted with the October 24, 2008 progress notes indicating that there was significant pain with these medications.

The March 6, 2009 note from D.C. also endorses the use of medications. Other notes indicate that the injured employee is status post cervical surgery, that there is evidence of a chronic radiculopathy, intra-articular changes within the shoulder and no evidence of nerve root compromise.

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/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

While holding a recommendation from the ODG, it is also noted that the FDA has voted to remove this medication from the marketplace. The indications for Darvon are marginal, and as noted by the FDA no greater than acetaminophen. Thus, there is no clear clinical indication for the continued use of this medication when less problematic alternatives are noted. Thus, the request is not approved as medically necessary.

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