

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 11/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Hydrocodone-APAP 10-325 purchased 07/08/09, 08/04/09 and 09/18/09

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

The TMF physician reviewer is board certified in physical medicine and rehabilitation with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the Hydrocodone-APAP 10-325 purchased 07/08/09, 08/04/09 and 09/18/09 was medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 10/21/09

- Decision letter – 10/08/09
- Required medical examination by Dr. – 02/27/09
- Office visit notes by Dr. – 06/10/09/09 to 10/14/09
- Report of drug screening – 04/20/09, 07/10/09
- Receipts for prescription drugs – 07/08/09, 08/04/09, 09/18/09
- Letter of intent to endorse the required medical exam recommendations – 04/27/09

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when he was involved in accident and suffered injuries to his neck, left shoulder, and low back. The patient is being treated conservatively and the notes of 09/16/09 indicate that the patient is still experiencing pain to the neck and back down the left leg. The patient filled prescriptions on 07/08/09, 08/04/09 and 09/18/09 for Hydrocodone-APAP 10-325.

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

This patient remains independent in self-care activities with Hydrocodone 10mg, 2 tablets orally daily, Ambian at bedtime and Skilaxin 2 tablets orally daily. He has regular outpatient doctor visits for renewal of his medications. He remains disabled from work. His pain medication usage has not escalated and the amount prescribed is reasonable for non-malignant chronic pain with sleep disturbance due to chronic pain, relieved with Ambien. Therefore, it is determined that the Hydrocodone is medically necessary to treat this patient's condition.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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 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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)