Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 11/11/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical 3 office visits for medication management.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. He has been practicing for greater than 10 years and performs this service in his office.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical 3 office visits for medication management.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): 10/1/09 denial letter, 10/20/09 denial letter, 12/6/05 to 5/3/07 notes by MD, MRI report 12/30/05, notes 1/2/06, NCV report 1/2/06, notes from 1/14/06 to 8/27/09, MD notes 2/1/06, 8/24/06 FCE report, MD reports 8/25/06 to 11/6/06, MD 11/9/06 reports, 11/14/06 procedure note, MD 3/13/07 notes, 3/20/07 to 3/26/07 reports from Hospital, 3/20/07 prelim nuclear report, 3/22/07 report by MD, 3/8/07 script, 3/22/07 LMN by Dr. , MD ER report 3/28/07, Med Center records 3/28/07, 4/18/07 peer review report, 10/28//09 letter , 4/26/07 peer review, 5/18/07 peer review addendum, 9/21/07 to 8/4/09 physical testing reports, rehab progress notes 9/21/07 to 4/8/09, tens preauth request form

9/25/07, 10/4/07 to 11/9/07 radiographic reports, psych eval 10/10/07, 11/15/07 PPE report, MD reports 11/21/07 to 4/24/08, radiology report 11/21/07, notes from Hospital , Lumbar CT scan 1/15/08 reports, MD reports 2/15/08 to 5/5/08, Tox screen reports 2/22/08 to 6/12/08, 4/4/08 lumbar MRI report, 4/16/08 psych report and notes , LPC, MD reports 5/28/08 to 6/12/08, FCE 5/28/08, 6/3/08 case conference notes, CPM weekly rehab summaries, DC notes 6/12/08, 6/17/08 discharge note, MD reports 10/16/08 to 5/20/09, 10/10/08 notes by LMFT, 10/29/08 lumbar myelogram and CT lumbar myelogram reports, RME report 1/9/09, anesthesia records from Med Center, therapeutic activity reports3/5/09 to 3/12/09, 7/13/09 peer to peer report with Dr. , 7/20/09 preauth request, various HICFA forms, 10/9/09 letter , 9/27/09 peer review report and copy of ODG low back and pain chapters.

Mr. : 11/4/09 letter, 9/16/08 6/18/09 reports by , MD, MD work note (undated), 6/17/09 lab results and undated letter by MD.

We did receive a copy of the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured when bending over at work. He has undergone laminectomy, discectomy, and instrumentation at the lumbar level. He required hospitalization due to narcotic dependency. There has been a premorbid history of drug abuse. The patient has chronic hepatitis C. At the last encounter Effexor was prescribed by Dr.

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

The patient has chronic pain syndrome with premorbid medical conditions that will affect his clinical outcome (chemical dependency, possible bipolar affective disorder). At the time of the most recent documentation received, dated 8/27/09, A prescription of Effexor was written.

Previous denials of follow-up treatment have been recommended by peer reviewers based on lack of documentation. One peer reviewer, Dr. had a note dated 3/09 on which to base his opinion. The other reviewer, Dr. denied treatment based on poor documentation of medical necessity.

Based on documentation provided for this review, Dr. assessed the patient on 8/27/09 and at that time Effexor was prescribed. This medication is supported by the ODG for pain management.

According to the ODG: Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor®) is a member of the Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label

recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The initial dose is generally 37.5 to 75 mg/day with a usual increase to a dose of 75 mg b.i.d or 150 mg/day of the ER formula. The maximum dose of the immediate release formulation is 375 mg/day and of the ER formula is 225 mg/day. It may have an advantage over tricyclic antidepressants due to lack of anticholenergic side effects. Dosage requirements are necessary in patients with hepatic and renal impairment. See Antidepressants for chronic pain for general guidelines, as well as specific Venlafaxine listing for more information and references.

The patient has hepatitis C, i.e. a hepatic impairment. Per the ODG, the patient will require medical follow-up to determine adequate and safe dosage. Office visits are supported by the ODG, however there is no restriction in number of visits.

According to the ODG: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The ODG Codes for Automated Approval (CAA), designed to automate claims management decision-making, indicates the number of E&M office visits (codes 99201-99285) reflecting the typical number of E&M encounters for a diagnosis, but this is not intended to limit or cap the number of E&M encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a “flag” to payors for possible evaluation, however, payors should not automatically deny payment for these if preauthorization has not been obtained. *Note:* The high quality medical studies required for treatment guidelines such as ODG provides guidance about specific treatments and diagnostic procedures, but not about the recommended number of E&M office visits. Studies have and are being conducted as to the value of “virtual visits” compared with inpatient visits, however the value of patient/doctor interventions has not been questioned. Further, ODG does provide guidance for therapeutic office visits not included among the E&M codes, for example Chiropractic manipulation and Physical/Occupational therapy.

No limit in the number of medical visits to determine adequate dosage of Effexor in a patient with hepatitis C is stated in the ODG; therefore this treatment is medically necessary.

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)**