

SENT VIA EMAIL OR FAX ON
Nov/09/2009

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

Amended 11/30/09

Amended 11/28/09

Date of Notice of Decision: Nov/09/2009

DATE OF REVIEW:

Nov/06/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Reimbursement of medication: Hydrocodone APAP 10/325 MG, #90 one TID, Flexeril 5 MG #75 one TID, Lunesta 3 MG #30 on QHS and Naproxen 500 MG #60 one BID

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC SURGERY

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 9/1/09 and 8/26/09

Dr. 11/11/09

Dr. 7/12/06 thru 7/27/09

Procedures 8/16/06 thru 9/2/09

Trigger Point Injections 10/15/08

Letter and Records from Patient 9/23/09

PATIENT CLINICAL HISTORY SUMMARY

The medical records are from the past xx years. The best-detailed old history is from Dr. s' IME last year. This is also the record that the lady objects to. The H&P by Dr. provides other information. As best as the Reviewer can determine, this is a woman injured in xxxx after 2 rear-ended accidents only months apart. She apparently had some prior degenerative changes with reportedly 2 lumbar operations before the accidents. She subsequently had 3 additional lumbar operations and 6 cervical operations totaling 8 procedures. Among the procedures were fusion at C6-7, L5/S1 and L3/4. She had ongoing back pain and received epidural injections and facet rhizotomies. The latter provided some relief of her cervical pain. The cervical pain dominated the lumbar problems in the recent records. The issue develops regarding the ongoing use of pain medications. Dr. reported she did not need anything but OTC medications and found no need for the opiates and other medications. Ms. (the Reviewer presumes) and Dr. described the need for pain medications, muscle relaxers for interscapular spasms, and insomnia from the pain and spasms.

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

Flexeril is a muscle relaxer related to some antidepressants. It has anticholinergic and sedating effects. Its chronic use is separate from the acute role. At the same time, the ODG does not comment upon its use for chronic pain. Naproxen is an NSAID. These help control pain, but there is a risk of renal, gastric and cardiovascular problems, especially with long term use. Its use is advised for the shortest possible time. The discussion does not support chronic use of these medications. The use of hydrocodone for pain is also controversial. It swings to increased use to overuse. The key goal, from the ODG, is does it improve function and quality of life. Lunestra is for sleep issues. The ODG cites its use for chronic insomnia, but advises against long-term use; instead it advocates a cognitive program. In short, the ODG expresses concerns, but does not prohibit the use of the medications.

The ongoing use of the medications is difficult. The Reviewer could not determine with clarity the improvement of function and quality of life with their use, other than the amount of Kadian was reduced with the rhizotomy. The Reviewer did not find any evidence of hyperalgesia, allodynia, tolerance, diversion or adverse use of the medications. The ongoing use of these medications has a lot of risks. The Reviewer recognizes Dr. 's arguments and those posed by Dr. and Nurse. If this lady is getting relief of pain, spasms and sleep, without evidence of adverse effects and side effects, or diversion, and if she accepts knowingly the risks involved, then the Reviewer finds that the medications are medically necessary.

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

ACOEM-AMERICA 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)