INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 11/06/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 1 pain management consultation between 09/24/2009-11/23/2009

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

Texas Board Certified Physical Medicine & Rehabilitation
Fellowship Trained Pain Management

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical notes dated 08/06/09, 09/03/09
2. Appeal letter dated 10/05/09
3. Denial letter dated 09/29/09, 10/07/09, & 10/08/09
4. Peer review dated 05/21/09
5. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx when he fell. The employee had complaints of left leg pain.

A peer review dated 05/21/09 stated that the employee had evidence of a medial meniscal tear on MRI imaging studies and underwent a partial medial meniscectomy chondroplasty of the patella on 09/25/206.

Postoperatively, the employee continued to complain of persistent knee pain and was evaluated on 12/04/06 indicating he had pain now in both knees, right worse than left.

The employee was also seen on 01/11/07 with complaints of pain in the bilateral knees, low back, and left shoulder. The employee was eventually given a 1% impairment for a partial medial meniscectomy in the right knee and 4% impairment for loss of range of motion in the right knee.
The employee apparently returned on 04/15/09 with complaints of continued knee pain. The employee was seen as a new patient. The employee stated that he had experienced chronic pain in the left knee and had continued pain in the right knee. Medications at that time included Lorcet and Soma. Physical examination demonstrated full range of motion in the lumbar spine with intact reflexes. Limited range of motion of the left shoulder on abduction to 160 degrees and flexion to 160 degrees was noted with a claimed positive impingement sign. Positive anterior drawer signs were found in both knees with some varus instability. No joint line tenderness was present. Dr. commented that the employee's diagnosis would be status post arthroscopic partial medial meniscectomy chondroplasty of the patella and medial femoral condyle and lateral tibial plateau. Dr. opined that the employee had received appropriate care, and there was no indication for further treatments to include chiropractic treatment, physical therapy, work hardening, work conditioning, or pain management. Dr. also opined that narcotic analgesics and muscle relaxants were not required at that time.

A clinical note on 08/06/09 stated the employee had continued complaints of low back, left shoulder, and left knee pain. Current medications included Lorcet 10 mg and Soma 350 mg. The employee denied any recent surgery. Physical examination reported tenderness to palpation of the subacromial bursa in the left shoulder with pain on motion. Pain was also noted during Neer's impingement test and Hawkins' impingement test. Tenderness was also noted to palpation along the midline of the lumbar spine with pain on range of motion. The employee also had pain elicited by motion with anterior drawer signs present. McMurray's test was positive. The employee was neurologically intact with intact motor strength. The employee was referred for psychological evaluation.

In follow-up on 09/03/09, it was stated the employee continued to complain of low back, left shoulder, and left knee pain. It was noted that the employee had received a prior left shoulder subacromial injection performed on 08/06/09. The physical examination was relatively unchanged from the prior examination. Past toxicology screens had been positive for THC; however, recent toxicology screens were negative for THC and positive for opiates. A Functional Capacity Evaluation (FCE) was also recommended by Dr.

A utilization review letter dated 09/29/09 stated that the request for a pain management consultation between 09/24/09 and 11/22/09 was denied as there were no official results or diagnostic modalities performed, and the clinical notes did not provide documentation regarding goals of contemplated pain management consultation.

An appeal letter dated 10/05/09 stated that the treating physician would like reconsideration for the request. Dr. opined that the employee was being prescribed narcotics and was being seen on a monthly basis for medication management. The goals stated were to determine if the employee was taking medications appropriately and to review his toxicology screen that was taken at the office the previous month to allow the employee to keep working.

A utilization review determination dated 10/07/09 stated that the official results of a prior toxicology screen were not presented for review, and there was no documented opioid contract between the employee and the prescribing physician. There was no documentation otherwise of the efforts of tapering and weaning of medication.

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

The employee was noted to have a long treatment history that was not well documented by the submitted clinical records.

The employee has been maintained on opioid medication for a long period of time. A detoxification or weaning program appears to have not been considered by Dr. according to the submitted clinical documentation. The employee's prior medications are well-documented; however, there was no pain contract available for review as noted by the most recent utilization review.

Additionally, it was noted in the clinical records that the employee was continually referred for psychological evaluation. This psychological evaluation was not submitted for review, and it is unclear if it was ever performed.

Based on the employee's long-term intake of opioid medication, a confusing history in regard to pain that is not well associated with the mechanism of injury, and the submitted records and prior determinations submitted for review, it is this reviewer's opinion that the prior denials should be upheld.

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

1. **Official Disability Guidelines** Pain Chapter Online Edition