



Specialty Independent Review Organization

## Notice of Independent Review Decision

**DATE OF REVIEW:** 9/15/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The item in dispute is the prospective medical necessity of Genotropin and Norditropin injections.

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

The reviewer is a Medical Doctor with a specialty in Internal Medicine and Endocrinology and a board certification in IM/Endocrinology.

**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 necessity of Genotropin and Norditropin injections.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

Dr.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from : letter – 8/26/09; Appointment of Authorized Representative form – 4/20/09; Dr. letter – 4/10/09, Patient Notes – 10/16/07-2/9/09, Growth Chart - undated; Statement of Medical Necessity – 3/12/09; Appeal authorization – 4/9/09; Laboratories test results – 2/10/09; MD x-ray report – 2/10/09,

MRI report – 3/12/09; letter – 4/23/09 & 4/30/09; Pharmacy Review - undated (x2); Patients Insurance Card; .Ph, . letter – 3/12/09; Genotropin Pediatric Statement of Medical Necessity – 3/2/09; letter – 3/17/09; Certificate of Coverage – effective 10/1/08; Policy Limitations and Exclusions pg 53-54; Policy Prescription Drug Benefit Rider pg123-124; Coverage Policy on Somatropin – 15pgs; Independent Review report – 4/29/09; letter – 4/23/09 & 4/30/09; letter – undated; LHL009 – 8/1/09; Guidelines/Endrocrine Practice Vol 9 No. 1 Jan/Feb 2003 – pg 65-75; Journal of Pediatrics, October 2003 – pg 415-421; Growth Hormone & IGF Research 14 (2004) – pg 185-194.

Records reviewed from Dr. : Medical Records Release – 5/8/09; Sign-In Sheet – undated, Patient Face sheet – undated, Office Notes – 2/8/08-2/9/09, New Patient Office Visit notes – 10/18/07; Sensonics notes – 2/27/09.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who has been diagnosed with growth failure. He is 58 ½ inches tall. He had a normal growth rate until the age of xx years old when he began to fall to the bottom of the growth chart curve and is now in the .16% percentile. X-rays on 2/10/09 when the patient was 15 years and 9 months old showed his skeletal age to be 12 years and 6 months. This is 2 to 3 standard deviations below the mean for the patient’s chronological age.

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

The patient is being treated for growth failure. He suffers from delayed puberty and growth hormone release. Growth hormone stimulating testing and growth hormone releasing studies can be hard to read in a pre-puberty patient. The patient would benefit from receiving the injections now with the understanding that this would create a better hormonal environment for later testing. The proposed treatment of Genotropin and Norditropin injections are 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)**

Shalet, Toogood et al. Endocrine Review Vol. 19 (2) pg 203-223

L Gandrud, D. Wilson Growth Hormone and IGF Research Vol. 14 (2004) pg 185-194