



Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 09/03/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Duragesic Patch 75 mcg
Trazodone 50mg
Duragesic Patch 50 mcg
Effexor XR 75 mg

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

Board Certified in Physical Medicine & Rehabilitation

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.

Duragesic Patch 75 mcg - OVERTURNED
Trazadone 50 mg - OVERTURNED
Duragesic Patch 50 mcg - OVERTURNED
Effexor XR 75 mg - OVERTURNED

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Designated Doctor Evaluation (DDE), , M.D., 01/30/01
- History and Physical, 05/24/01
- MRI of the Lumbar Spine, , M.D., 07/12/01
- Intra-operative X-rays, , M.D., 11/19/01
- Operative Reports, , M.D., 11/19/01
- Lumbar Spine X-rays, M.D., 03/13/02
- Lumbar Myelogram, Dr. , 03/13/02
- Post-myelographic CT, Dr. , 03/13/02
- DDE, Dr. , 03/22/02
- Office Note, Dr. , 03/26/02, 04/23/02, 05/14/02, 06/18/02, 08/20/02
- EMG/Nerve Conduction Study, , M.D., 03/26/02
- Impairment Rating, Dr. , 03/26/02
- Functional Capacity Evaluation (FCE), , 04/12/02
- Physical Therapy, Unknown Provider, 04/29/02, 04/30/02, 05/01/02, 05/02/02, 05/03/02, 05/06/02, 05/08/02, 05/09/02, 05/10/02,
- Progress Note, , 06/18/02
- Initial Evaluation, , D.O., 09/11/02
- RX Medical Prescription, Dr. , 09/17/02
- Operative Report, , M.D., 10/15/02, 01/07/03,
- Office Visit, Dr. , 11/20/02, 12/09/02, 01/02/03, 01/22/03, 04/24/03, 05/27/03, 06/26/03, 07/23/03, 08/20/03, 09/18/03, 10/15/03, 11/12/03, 12/10/03, 01/07/04, 02/11/04
- Office Visit, , M.D., 03/19/03
- FCE, Physical Therapy, 03/20/03
- Physical Therapy, , 03/26/03, 03/27/03, 03/28/03
- Chart Note, M.D., 08/01/03
- Psychological Evaluation, , Ph.D., 09/25/03
- Individual Psychotherapy, Dr. , 10/09/03, 10/16/03, 11/13/03
- Office Visits, , M.D., 05/03/04, 06/03/04, 07/01/04, 07/20/04, 07/29/04, 08/26/04, 09/23/04, 10/18/04, 12/14/04, 01/13/05, 02/10/05, 03/10/05, 04/07/05, 05/05/05, 06/03/05, 06/29/05, 07/28/05, 08/25/05, 09/21/05, 10/19/05
- Peer Review, , M.D., 05/15/04, 06/08/08
- Operative Report, Dr. , , 09/17/04, 12/03/04, 06/10/05
- Comprehensive Adult Nursing Assessment, , 09/18/04, 09/24/04, 12/04/04, 12/10/04
- Skilled Nursing Note, , 09/19/04, 09/20/04, 09/21/04, 09/22/04, 12/06/04, 12/07/04, 12/08/04, 12/09/04, 12/10/04
- Physician Home Health Orders, Dr. , 10/11/04

- Neurological Sales Order, , 06/10/05
- Operative Report, , M.D., 10/16/06
- Initial Evaluation, , M.D., 03/05/09
- Office Visit, Dr. , 03/20/08, 05/15/08, 09/04/08, 10/30/08, 12/23/08, 02/19/09, 03/05/09, 04/16/09, 05/14/09, 06/11/09, 07/08/09, 08/06/09
- Myelogram – Lumbar Spine, , M.D., 04/28/09
- CT Scan – Lumbar Spine, Dr. , 04/28/09
- RX Guardian Report, Ameritox, 06/11/09
- Pain Management Prescriptions, Dr. r, 08/06/09
- Denial Letter, 08/12/09, 08/25/09
- Letter of Medical Necessity, Dr. , 08/14/09
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient had a history of lumbar surgery and later developed chronic low back pain. She had a placement of a permanent of a spinal cord stimulator; however, it had been removed due to malfunctioning. She had undergone a myelogram and a post-myelogram CT scan. Her most recent medications were reported to be Lyrica, Celebrex, Trazadone, Effexor XR, Provigil, Duragesic Patch, and Colace.

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

In my medical opinion, the above-mentioned medications are, at this point medically reasonable and necessary.

I have reviewed a number of records in this case including monthly medical documentation visits from , M.D., from 03/05/09 through the present. He has been seeing her on a monthly basis and has continued to prescribe her medications through that time. The patient suffers from a post laminectomy syndrome and has had multiple failed interventions in an effort to control her symptoms. The patient was placed on these medications a number of years ago, and while the ODG does not truly recommend these types of medications for chronic back pain, in this situation where she has been on these medications chronically for so many years presents a risk to her medical health if they were to be stopped abruptly. However, I certainly do not agree with Dr. that these medications are being prescribed in doses and combinations that are in accordance with “guidelines and standards commonly accepted in the field of pain management.” Furthermore, his documentation demonstrates no evidence of documented improvement in function. In summary, I feel that these medications are reasonable and necessary at this point primarily because their abrupt removal would present a significant danger to this patient.

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)