



Notice of Independent Review Decision

DATE OF REVIEW: 09/24/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Hydrocodone 10/350 mg # 200
Tramadol 50 mg # 240
Piroxicam 20 mg # 30
Tizanidine 4 mg # 150
Zolpidem Tartrate 10 mg # 30

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

Board Certified in Orthopedic 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)

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.

Hydrocodone 10/350 mg # 200 – UPHELD
Tramadol 50 mg # 240 – OVERTURNED

Piroxicam 20 mg # 30 – OVERTURNED
Tizanidine 4 mg # 150 – UPHELD
Zolpidem Tartrate 10 mg # 30 – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MRI of the Cervical Spine, M.D., 09/08/01
- Initial Office Consultation, M.D., 07/08/02
- Operative Report, Dr. 07/12/02
- Follow Up, Dr. 07/29/02, 08/29/02, 09/17/0, 09/25/02, 09/19/03
- Procedure Note, Dr. 08/16/02
- Orthopedic Report, M.D., 09/11/02, 12/20/07, 01/23/08, 03/24/08, 04/30/08, 08/22/08, 07/21/09
- Peer Review, D.O., 09/27/02
- Impairment Narrative, D.C., 01/23/03
- Orthopedic Consultation, Dr. 11/19/07
- MRI of the Thoracic Spine, M.D., 02/28/08
- Required Medical Evaluation, M.D., 04/21/08
- Letter of Medical Necessity, Dr., 10/22/08, 07/21/09
- Denial Letter, M.D., 07/30/09
- Adverse Determination Letter, 08/14/09, 08/27/09
- Denial Letter, M.D., 08/27/09
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient received an injury while pulling barbed wire. He had undergone two MRI's, one of the cervical spine and one of the thoracic spine. He also underwent two C5-C6 translaminar Epidural Steroid Injections (ESI). He was then treated conservatively by an Orthopedist, prescribing Hydrocodone, Tramadol, Piroxicam, Tizanidine and Zolpidem Tartrate.

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

The medications hydrocodone, tizanidine, and zolpidem tartrate are not medically reasonable or necessary. The tramadol 50 mg and the piroxicam are reasonable and necessary. The hydrocodone is not medically necessary as the medical records provided for my review do not support ongoing opioid use in line with ODG criteria for chronic opioid administration. The medical records do not indicate the patient having a chronic pain contract. There is no indication that the patient undergoes urine testing to determine if he is utilizing the medication appropriately. The rationale for non-certification of tizanidine is that long term muscle relaxants have not been shown to be any more effective than non-steroidal anti-inflammatories in the control of musculoskeletal pain.

The rationale for non-certification of zolpidem is that a sleeping medication, long term, is not recommended and the medical records do not contain information indicating why this should be utilized on a chronic basis. The rationale for certification of the tramadol 50 mg is this non-narcotic pain medication is appropriate for chronic pain utilized for breakthrough-type of pain complaints in line with ODG criteria. The rationale for the certification of piroxicam is this nonsteroidal anti-inflammatory is commonly utilized for long term chronic pain control.

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)