Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 29, 2010 RESNET MARCH 31, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Oxaprozin 600MG, one PO Bid 3 days; Hydrocodone10-660MG one POT id #90

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

XX Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
Unk	Oxaprozin 600MG, one PO Bid 3 days; Hydrocodone10-660MG one POT id #90		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 90 pages of records received from to include but not limited to: letter 3.11.10; ODG guidelines Neck and Upper back; Dr. report 10.6.09, 5.20.09; Dr. records

6.18.09-1.26.10; letter 11.2.09; DWC 73; URA denial 2.10.10, 2.24.10; Dr.xxxxx 6.25.09; letter 9.10.09

Respondent records- a total of 35 pages of records received from URA to include but not limited to: email 2.24.10; Dr records 1.26.10-2.10.10; Physician Advisor Pre-Auth 2.12.10; Dr. records 5.20.09, 10.6.09; letter 9.10.09
Requestor records- a total of 16 pages of records from the treating doctor received to include but not limited to: Dr. records 1.15.09-3.23.10; MRI C-report 5.2.06; MRI T report 5.3.06

Requestor records- a total of 10 pages of records from patient received to include but not limited to: report 10.12.07, page 3; Social Security Administration letter 3.17.08; Social Security Administration order of Administrative

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with the non-certification of the requested medications. It is noted that the injured employee is a gentleman with a history of neck pain. There were no medical records presented to support the clinical indication for these medications. The only medical records presented are notes indicating that the injured employee has neck pain and "no problems." A reconsideration was completed and Dr. also did not certify the request.

I also reviewed an October 2009 peer review from Dr who noted a chronic pain syndrome and that the condition was stable. Dr. suggested over the counter medications as the only indicated oral therapeutics. It was also noted that there were only degenerative changes identified on imaging studies. The progress notes are template check off forms and there is no comprehensive clinical assessment presented by the primary treating physician.

Dr. did complete a comprehensive assessment in June 2009 and listed six different medications. The treatment plan outlined a number of interventions.

There is a January 15, 2009 letter of medical necessity signed by Dr. noting that there is a need for the medications to address neck and back pain. There is a comprehensive assessment, undated, noting the original diagnosis.

In 2008, the injured employee filed for Disability from the Social Security Administration.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

As noted in the Division mandated Official Disability Guidelines

A. Oxaprozin AKA Daypro is a non-steroidal, anti-inflammatory medication. As per the pain section of the Official Disability Guidelines "*Back Pain - Chronic low back pain:* Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008)" therefore, when noting the lack of any objective medical evidence of efficacy or response to care, and when noting the side effects, there is no clear

clinical indication for this medication in a chronic long term situation. The clinical data does not support this request.

B. Hydrocodone AKA Vicodin is an opioid medication. The standards for such as noted in the Official Disability Guidelines is extensive. However, there needs to be clear objective medical documentation of some efficacy in the use of this medication. There should be an increase in function or a decrease in the pain complaints. The requesting physician has presented neither. Therefore, there is no indication for this medication based on the records presented for review.

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

XX 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)