

# Core 400 LLC

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE OF REVIEW:

Aug/06/2010

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PRESCRIPTION MEDICATION FILL NARCO TABLET 10-325 MG ORALLY QUANTITY OF 60 1 TAB(S) BID 30 DAY(S).

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

MD, Board Certified Internal Medicine

### 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)

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

Services, Review Determinations, 4/9/10, 5/28/10

ODG

RME, MD, 5/17/10

Drug Abuse panel, 5/17/10

MD, 4/7/09-3/22/10

MD, 5/2/08

Lab, 5/12/08

Medical Center, Labs, 5/13/08

Lumbar Myelogram and CT post myelogram, 12/18/07

Dr., MD, 8/27/07, 2/28/06

MRI Lumbar Spine, 7/31/07

Dr., MD, 1/17/06

G. MD, 9/12/05

Operative Report, 6/17/05, 6/19/05

Lumbar Myelogram, 6/17/05

### PATIENT CLINICAL HISTORY SUMMARY

This female patient injured her back in xx/xxxx when she slipped and fell. Lumbar MRI showed HNP. She failed conservative care and underwent L3-4 laminectomy/discectomy in June 2005 with extension of laminectomy shortly after. She continued with pain and after further studies, she was recommended for spinal fusion. This surgery was not performed. In note dated 9/12/05 Dr. recommended the patient "cut back the Norco." Current treatment consists of OV with Dr. and treatment with medications. The most recent examination (3/10) showed a normal neurological examination with lumbar spine dysfunction.

### ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The patient has chronic low back pain following extensive laminectomy and L3-4 discectomy. There is no evidence of neuropathic pain. Current treatment consists of medications and OV with her treating physician. I have reviewed the Official Disability Guidelines regarding the use of opiate therapy for long-term musculo-skeletal pain. This type of medication is recommended for short-term use, but the efficacy has not been established for long-term use. The reviewer finds that medical necessity does not exist for PRESCRIPTION MEDICATION FILL NARCO TABLET 10-325 MG ORALLY QUANTITY OF 60 1 TAB(S) BID 30 DAY(S).

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

ACOEM-AMERICA 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)