SENT VIA EMAIL OR FAX ON
Aug/23/2010

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/20/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Hydrocodone and Alprazolam (Xanax) 5/11/10 thru 7/10/10

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[ ] Upheld (Agree)
[ ] Overturned (Disagree)
[X] Partially Overturned (Agree in part/Disagree in part)

Hydrocodone is not medically necessary

Alprazolam is medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
7/22/10
DDE 1/2510
Dr. 4/16/09 thru 1/13/10
Pain Management 2/11/10 thru 4/8/10
Dr. 7/7/09
DDE 5/12/09
Dr. 4/3/07 and 4/6/07

PATIENT CLINICAL HISTORY SUMMARY
This is a woman reportedly injured on xx/xx/xx lifting a. She subsequently underwent a decompression lumbar laminectomy by Dr. in 2001. She continued with failed back syndrome and chronic pain not alleviated by ESIs or dorsal column stimulator. Dr. has seen her since. He has had her on Lorcet 10/650 and Xanax 1mg. More recently, Dr. placed her on hydrocodone. The former is for pain and the latter for anxiety. Dr. wrote (1/13/10) that her Xanax is for her anxiety and not for her depression. He wrote, “She will continue on pain medication indefinitely.” Dr. noted “She has Xanax for severe anxiety secondary to her severe back pain.” She has several RMEs and DD exams. Dr. saw her (4/6/07) and found “no clear indication for the continued use of Vicodin, Xanax, Skelaxin, and Celebrex.” Dr., a psychiatrist wrote his report on 7/8/09. “There was nothing anywhere in her case that would

logically generate any substantial degree of anxiety. It appears from the documents that she has made a feverent effort to sell a melodramatic tale of neglect and persecution, and that she wants the outcome of that to be perpetual attention and medications." He noted her symptoms improved with Xanax. He wrote, "She does not seem to be abusing the analgesic. The Xanax appears to settle her distress sufficiently." He felt she had a Factitious disorder with combined psychological and physical signs. Dr. (PMR) evaluated her on 1/25/10. He found major psychological overlay and felt that much of the problems were not related directly to the work injury. He wrote, "I see no evidence here that suggests that the claimant's compensable injury then extends to or includes depression and/or anxiety."

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

The issue of whether the back injury and sequelae are or are not work related is not the question at this time. The issue is also not whether or not there is anxiety or pain present, but rather should Xanax and hydrocodone be continued.

The use of Xanax requires the presence of anxiety. Dr. and Dr. both described anxiety and pain. The psychiatrist, Dr., did not. Neither did Dr. or Dr., or even the DD. Exam by Dr.. Xanax is only justified for anxiety. The ODG prefers that these not be provided for a long period of time, and that a psychiatrist be involved in the care. The only psychiatrist note that was submitted for review is from Dr.. As noted, he wrote, "The Xanax appears to settle her distress sufficiently." Then the Xanax would be medically justified. Again, the IRO reviewer is not commenting if the anxiety is related to the work injury, only on the medically necessity of the drug.

Second, is the use of hydrocodone? The ODG has pros and cons for the chronic use of opiates and opioids. There are problems with its chronic use. It can be given provided it controls pain and improves the quality of life. She reportedly has pain, but the description of the contractures and melodramatics for the purpose of getting medication would again appear to be counter productive. Both Drs. and feel she does not need the medication. Both Drs. and feel she does. Again, Dr found no abuse. The ODG states not to lower the drug if it is working. It judges this by the functional gains. This has not been accomplished. In fact, the lack of improvement with the hydrocodone suggests she may have hyperalgesia. The IRO reviewer concurs with the lack of demonstrable medical necessity in the use of opiates in controlling her pain.

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
[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
[ ] MILLIMAN CARE GUIDELINES
[X] 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)