SENT VIA EMAIL OR FAX ON
Jan/27/2010

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jan/25/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Meloxicam and Move Free Advance

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Reviewer is Board Certified in Family Practice with a Certificate of Added Qualification in Sports Medicine

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)

First, the Move Free MSM is NOT medically necessary.?
Second is the prescription for Meloxicam IS medically necessary,

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Clinic 6/20/02 thru 9/18/09
Solutions 3/28/09
2/5/09, 4/6/09, 12/1/09

PATIENT CLINICAL HISTORY SUMMARY
This is a male patient who was initially seen in xx/xx by Dr. for right knee pain from a work injury. X rays taken at that time demonstrated severe osteoarthritis of his right knee joint. He subsequently underwent a right total knee replacement (July 2002) and notes indicate that on follow up on 6/18/03, he had and sudden onset of increased right knee pain. After evaluation

and discussion, he had a revision arthroplasty in August 2004. He was given a NSAID prescription during his rehabilitation for prevention. Overall, the patient reported in follow up exams that his knee was doing well after the second surgery but complained of a consistent pain in the right medial joint an occasionally the posterior joint. A note on 4/26/07 by Dr. recommends that he continue taking Meloxicam and start “Mood” Free Advance Plus MSM. Again on follow up on 12/31/08, the patient complains of right knee pain and requests a medication refill (Lortab and Move Free MSM)

A letter from on 4/16/09 indicates that the patient is entitled to lifetime medical care for the work injury of xx/xx/xx with the compensable diagnosis being “appropriately treated right knee arthritis”. They go on to say that treatments that are unrelated to the work injury: for “Left Knee arthritis/symptoms/early degenerative arthritis/pain/Osteoarthritis including Meloxicam, Lortab, Chondritis and hyaluronic acid and lab tests related to treatments

Another note dated 9/18/09 is included with the insurance denial; it indicates the patient is “still complaining of excruciating pain” in his right knee—this is reported relieved with Mobic (meloxicam).

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

This is a case of medication. First, the Move Free MSM, which is glucosamine, chondroitin and MSM is a supplement that is recommended for the treatment of arthritis. It may improve pain by helping with the articular cartilage. It is not typically recommended for a joint, which has had a total knee replacement and thus no cartilage. Therefore, the Reviewer agrees with the URA regarding the denial of Move Free MSM in this patient

Second is the prescription for Meloxicam in this patient. This is an NSAID. It is important to note that NSAID’s are very commonly used for the treatment of inflammation and/or pain. This patient has consistently complained of right knee pain since his injury in 1998 and has consistently been taking antiinflammatories to help control the pain. Although he had a total knee replacement and his joint pain should be mostly relieved that doesn’t preclude the possibility that he could continue to have some pain in the joint or around the joint as a result of the surgery and healing from the surgery. The patient tried a few different NSAID’s as well as Lortab for the pain and has consistently said that the Meloxicam controls his pain. Therefore, the reviewer disagrees with the URA regarding the denial of the Meloxicam prescription, as it is medically necessary in this case.

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)