



IMED, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 01/13/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Meloxicam 15 mg and Tramadol 50 mg

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. M.D., 11/19/08
2. D.P.M., 11/19/08
3. M.D., 10/30/09, 10/12/09
4. 10/12/09, 11/09/09
5. Workers' Compensation services, 11/06/09, 11/20/09
6. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

This injured employee was injured on xx/xx/xx when he sustained a crush injury to the right foot while working.

The employee had open reduction internal fixation of fractured metatarsals.

The employee then had arthrodesis surgery on 06/30/00.

The latest note from Dr. was dated 10/30/09. The doctor noted satisfactory appearance of the foot and recommended replacement of the orthotics. He also recommended continuing medications. The employee had increased his weight.

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

This injured employee sustained a crush injury to the right foot while working. He has received ***Official Disability Guidelines*** recommended treatment including surgery, spinal orthotics, and medications. The current medication regimen of Meloxicam and Tramadol will be medically necessary for the indefinite future. The principle etiology of the treated pathology is the work injury of 04/01/99. Medications should be continued.

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

1. Official Disability Guidelines