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Notice of Independent Review Decision

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medical necessity for Effexor XR 150mg, 120 capsules with 2 refills and Ambien CR 12.5mg, 30 tablets with 2 refills. Supplies and materials provided by physician , 99070.

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

DIPLOMATE, AMERICAN BOARD OF ANESTHESIOLOGY
DIPLOMATE, AMERICAN ACADEMY OF PAIN MANAGEMENT

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

PATIENT CLINICAL HISTORY:

The description of services in dispute is to determine the medical necessity for Effexor XR 150 mg, #120 capsules with two refills, and Ambien CR 12.5 mg, #30 tablets with two refills.

The review outcome is upheld for the previous non-authorization of Effexor XR and Ambien CR.

This is a male who sustained a work-related injury on xx/xx/xx. The mechanism of injury is not documented. At that time, the patient had a diagnosis of right shoulder impingement syndrome, right lateral epicondylitis and developed reactive depression.

A correspondence note from the treating physician, M.D., indicated the patient was enrolled in a chronic pain management program, but was discharged secondary to the fact that treatment had maximized what benefit could be made.

There are no other notes submitted to support the patient's ongoing usage of the prescriptions Effexor and/or Ambien specifically involving improvement in functional daily abilities and to assist in the ability to return back to the workforce.

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

The recommendation at this time is to uphold the previous non-authorization for the medical necessity of Effexor XR (Venlafaxine). This medication is classified for the treatment of major depression disorder. As stated above, it is unclear whether this medication is helping with improvement of the patient's psychosocial issue. There are no updated reports on monitoring of the usage of this medication. Reportedly, from this patient's minor injury, it is unclear how any form of depression is related to the work-related injury. An independent psychiatric evaluation may be appropriate to determine whether there is evidence of somatization or other underlying affective disorders unrelated to the injury that may be prolonging this patient's psychosocial issues and delaying his ability to recover.

Ambien is listed in the drug class as a sleep hypnotic. There is no information submitted indicating that this medication is necessary and/or even working. At times, due to the chronic pain, the patient may have sleep difficulties. However, normally the use of this type of medication is short term and not long term. Experts recommend the short-term use of this medication with periodic evaluation and documentation of effectiveness. If taken long term, this medication has a potential for addiction/habitation. The medical necessity of this medication has not been established, therefore, it is non-authorized.

It should be pointed out that depression, insomnia, and anxiety are all common diseases of ordinary life that are encountered frequently in general medical practice. The automatic attribution of these diagnoses to pain or to a work injury constitutes a simplistic approach which is not supported by objective facts and/or scientific medical reasoning.

The guideline references used are the Official Disability Guidelines, Treatment Index, 8th Edition (Webb), 2010, under Chronic Pain Section.

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

- ACOEM- AMERICAN 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)