

# Parker Healthcare Management, Inc.

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IRO Certificate# 5301

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## Notice of Independent Review Decision

**DATE OF REVIEW:** JUNE 1, 2010

**IRO CASE #:**

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

Medical necessity of proposed prescription for Keppra XR

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in neurology and is engaged in the full time practice of medicine.

### **REVIEW OUTCOME**

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

Upheld (Agree)

XX Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	IRO Decision
345.00	Keppra XR		Prop			Overturn

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO- 17 pages

Respondent records- a total of 177 pages of records received to include but not limited to: letters 7.7.09, 3.4.10, 5.25.10; IRO request forms; letter from patient's mother 2.26.10; Physicians records 1.28.10-2.10.10; email from 3.4.10; certificate of coverage, exclusions and limitations, Outpatient prescription drug schedule of benefits

Requestor records- a total of 6 pages of records received from Brain and Spine to include but not limited to: Physicians records 8.21.09-1.28.10

Requestor records- a total of 27 pages of records received from Neurology to include but not limited to: TDI letter 5.24.10; Dr. records 4.22.09-12.17.09; Epilepsy/seizure patient questionnaire 12.17.09; Neurology-Neurology Consultation; reports 4.28.09-12.23.09; MRI Brain 3.31.09; EEG report 3.31.09

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient's first seizure was in xx/xx. The EEG was normal at that point. He did not have another seizure until February 2009. Keppra XR was started.

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

It is noted both in an August 17, 2009 letter from Dr., as well as, a note from Dr. on August 21, 2009, that for a period of time, due to change in insurance coverage, the patient was on regular release Keppra instead of the extended release. He reported feeling very tired and cognitively slowed. He also has tried the immediate release Keppra and did not do well with it. He is a very high functioning individual and is doing very well at. There was a note that his GPA is 4.0.

He has not had a seizure since December 2009. At that point, the Keppra dose was increased from 500mg XR, 5 of them at night, to 6 of them at night. It was mentioned he should not drive until he had been 6 mos without a seizure. There would be a risk of making changes to his medication, which could potentially set off another seizure when he is driving which could potentially be catastrophic. Therefore, due to the success of the Keppra XR, I feel that the continued use of the Keppra XR is medically necessary.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS