

US Decisions Inc.

An Independent Review Organization
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AMENDED NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/12/2010

DATE OF AMENDED REVIEW:

Apr/20/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Prescription Drugs, 30 Carisoprodol 350mg and 100 Hydroco/APAP 10-650

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

MD, Board Certified Internal Medicine

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

ODG Guidelines and Treatment Guidelines

MD, 3/2/07

5/26/09

xxxxx 3/16/09

1/15/09

M.D. 1/15/09, 1/21/09, 2/18/09

3/12/09

6/30/08, 8/25/08

xxxx 4/21/09, 5/11/09, 5/7/09, 4/28/09, 5/12/09

xxxxx (no date)

Letter to xxxxx, MD, 9/2/09

PATIENT CLINICAL HISTORY SUMMARY

This patient injured his right shoulder in xx/xxxx. He underwent surgery in 2000 and again in 2001. Current treatment consists of office visits with his treating physician and medications.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

I have reviewed the ODG concerning the use of medications in the treatment of chronic shoulder pain. I have reviewed the letter from to the dated 9/2/09, along with the other records listed above in this letter. According to the ODG, the use of opioids such as hydrocodone is not recommended for the treatment of chronic pain. According to the ODG, the use of muscle relaxants such as carisoprodol is not recommended for the treatment of chronic pain. Neither of these medications is indicated for the treatment of chronic shoulder pain. There is no information in the records provided for review discussing why the ODG should not be followed in this patient's particular case. Therefore, the reviewer finds that medical necessity does not exist for Prescription Drugs, 30 Carisoprodol 350mg and 100 Hydroco/APAP 10-650.

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

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)