

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/25/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Percocet 5/325 mg #60

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

MD, Board Certified in Physical Medicine and Rehabilitation and Subspecialty Board Certified in 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

Official Disability Guidelines, Pain

9/2/10, 9/28/10

M.D. 12/15/06 - 9/16/10

PATIENT CLINICAL HISTORY SUMMARY

This is a woman injured on xx/xx/xx. She developed back pain attributed to radiculopathy, spinal stenosis, facet pain and discogenic disease with failed back surgery syndrome. Prior medications, ESIs and a spinal stimulator did not help. She found Percocet 5/325 not strong enough and Dr. and Ms. told her to take 2 at a time and wanted to place her on Percocet 10/25 bid. She is also on hydrocodone.

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

Percocet is a short acting opiate that works for about 4 hours. What may be effective in one person is not in another. The ODG provides both pros and cons for the use of opiates/opioids in chronic benign pain. While some clinicians insist on using only long lasting medication, others find that short acting medications are just as effective with similar risks of abuse. Further, the ODG advises a trial with the shorter acting medications. It is unclear in this particular case how a 4-hour PRN medication is to last 12 hours. The only indication for the use of the Percocet 5/325 is if it provided relief. Dr. /Ms told this patient to take 2 Percocet 5/325 (effectively 10/650) at a time in the 9/16/10 note. There were no comments after this

date if it proved effective or not. There is no information about the patient's pain reduction and/or increased function. Without this information, the reviewer is unable to determine the medical necessity at this time. The reviewer finds that medical necessity does not exist at this time for Percocet 5/325 mg #60.

Percocet® (oxycodone & acetaminophen)

Percocet® is the brand name of an oxycodone and acetaminophen combination drug, produced by Endo Pharmaceuticals. See Opioids.

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)