



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC) MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 10/04/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

30 tablets of Elavil 100mg (1 tab po qhs) between 08/09/2010 & 10/08/2010 AND 60 tablets of Prozac 10mg (1 tab po bid) between 08/09/2010 & 10/08/2010

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 09/14/2010
2. Notice of assignment to URA 09/14/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 09/13/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 09/13/2010
6. Letter 09/17/2010, 08/16/2010, 08/13/2010, 07/15/2010, 08/31/2010, 07/20/2010, medicals 07/20/2010, pre a 07/12/2010, medicals 05/28/2010, 05/14/2010, 05/11/2010, 04/01/2010, 01/26/2009, 03/30/2010, 03/29/2009, 03/12/2010, 01/12/2010, 12/11/2009, 11/11/2009, 10/16/2009, 10/02/2009, 09/04/2009, 08/25/2009, 07/21/2009, 07/16/2009, 06/30/2009, 05/05/2009, 03/06/2009, 02/05/2009, 01/12/2009, 01/06/2009, 12/01/2008, 11/11/2008, 11/03/2008, 10/20/2008, 09/10/2008, neurological, 07/22/2008, 06/24/2008, 05/27/2008, 05/16/2008, 05/12/2008, 05/09/2008, 05/08/2008, 05/06/2008, 05/05/2008, 05/02/2008, 05/01/2008, 04/30/2008, 04/29/2008, 04/28/2008, 04/07/2008, 04/01/2008, 03/27/2008, 03/05/2008, 02/25/2008, 02/08/2008, 01/08/2008, 12/12/2007, 12/04/2007, 11/28/2007, 11/06/2007, 11/05/2007, 10/29/2007, 10/24/2007, 10/11/2007, 10/09/2007, 09/24/2007, 09/08/2007, 09/04/2007, 08/27/2007, 08/15/2007, 08/10/2007, 08/06/2007, 08/03/2007, 07/23/2007, 07/11/2007, 07/09/2007, 07/05/2007, 06/26/2007, 06/25/2007, 06/08/2007, 05/31/2007, 05/10/2007, 05/08/2007, 05/06/2007, 05/04/2007, 05/01/2007, 04/30/2007, 04/27/2007, 04/26/2007, 04/25/2007, 04/23/2007, 04/18/2007, 04/16/2007, 04/13/2007, 04/11/2007, 04/09/2007, 04/06/2007, 04/04/2007, 04/02/2007, progress notes 03/2007, medicals 03/30/2007, 03/28/2007, 03/26/2007, 03/23/2007, 03/22/2007, 03/21/2007, 03/19/2007, 03/16/2007, 03/14/2007, 03/12/2007, 03/08/2007, 03/02/2007, 02/02/2007, 01/26/2007, 01/18/2007, 01/09/2007, 01/02/2007, 12/27/2006, 12/08/2006, 12/05/2006, T forms 2007-2009
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



The patient is status post injury to the right wrist xx/xx/xx. Patient has had surgery. She had a right wrist arthroscopy. Patient complaint is they still has right distal extremity pain, and is diagnosed with right upper extremity reflex sympathetic dystrophy (RSD). On physical exam, there was tenderness with decreased range of motion in that right wrist. Patient is status post spinal cord stimulator permanent placement and has had stellate ganglion blocks. Medical note states that the patient wakes up at night secondary to anxiety. There is no documentation of the patient having any sort of depression or depressive-like symptoms. A review is requested for 30 tablets of Elavil 100mg (1 tab po qhs) between 08/09/2010 & 10/08/2010 AND 60 tablets of Prozac 10mg (1 tab po bid) between 08/09/2010 & 10/08/2010.

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

The documentation reviewed does not support of the use of the requested; therefore the insurer's decision to deny is upheld. The records do not include documentation/evaluation of the patient's sleep problems or sleep improvements with the use of Elavil and there is no documentation that the patient has any type of depression or depressive-like symptoms for the use of the Prozac. The requested 30 tablets of Elavil 100mg (1 tab po qhs) between 08/09/2010 & 10/08/2010 AND 60 tablets of Prozac 10mg (1 tab po bid) between 08/09/2010 & 10/08/2010 is upheld as the documentation reviewed does not support the recommendations of the Official Disability Guidelines chapter on pain, anti-depressants for chronic pain and referring to the 64th edition of the *Physicians' Desk Reference*.

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 KNOWLEDGBASE
- 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)

1. 64th edition of the *Physicians' Desk Reference*.