

## Notice of Independent Review Decision

### **DATE OF REVIEW:**

08/31/2010

### **IRO CASE #:**

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

Outpatient Medication Hydrocodone/acetaminophen 5/500mg, one to two tablets every four to six hours as needed for pain, number 240 with no refills related to lumbar pain.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

### **REVIEW OUTCOME**

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

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.

**The requested outpatient medication hydrocodone/acetaminophen 5/500mg, one to two tablets every four to six hours as needed for pain, number 240 with no refills related to lumbar pain is not medically necessary.**

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

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 08/19/10 MCMC Referral
- 08/18/10 Notice Of Assignment Of Independent Review Organization, , DWC
- 08/18/10 Notice To Utilization Review Agent Of Assignment, , DWC
- 08/18/10 Notice To MCMC, LLC Of Case Assignment, , DWC
- 08/17/10 Confirmation Of Receipt Of A Request For A Review, DWC
- 08/16/10 Request For A Review By An Independent Review Organization
- 07/20/10, 12/18/09, 12/08/09, 02/26/09 letters from, M.D.,
- 03/05/10, 07/14/10, 07/27/10 Notice Of Utilization Review Findings,
- 06/28/10, 04/27/10 Office Visit notes, , M.D.,
- 01/10/08 to 06/28/10 Work Status Reports, , M.D., DWC
- 06/07/10 Rx History
- 09/25/09 form letter, , M.D., and, M.D.,
- 09/14/09, 02/26/09, 01/15/09, 01/10/08 Continuation Progress Notes,
- 05/22/09 Peer Review, , M.D.
- 01/16/09 Health Insurance Claim Form

- Undated Work Status Report, , M.D., DWC (01/15/09 date unable to work)
- Note: Carrier did not supply ODG Guidelines.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a male with date of injury xx/xxxx. The injured individual had back surgery. The note of 06/2010 indicates the injured individual is using Lortab 10/500 one to two pills up to six times per day. The request is reviewing Lortab 5/500 one to two pills four to six times per day.

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

The injured individual is on a short acting opiate that contains acetaminophen. The total dose of acetaminophen is up to 6000 mg/day which is way over the recommended limit (2500 mg for long term use) as this can cause liver and kidney damage. The current prescription involves a short term opiate up to six times per day; a more relevant treatment plan would be a long term opiate once or twice a day. In addition, the request is for Lortab 5/500 but the note of 06/2010 indicates the injured individual is on Lortab 10/500.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:****ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines:

Opioid Classifications: Short-acting/Long-acting opioids:

Short-acting opioids: also known as “normal-release” or “immediate-release” opioids are seen as an effective method in controlling both acute and chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short-acting opioids include Morphine (Roxanol®), Oxycodone (OxyIR®, Oxyfast®), Endocodone®, Oxycodone with acetaminophen, (Roxilox®, Roxicet®, Percocet®, Tylox®, Endocet®), Hydrocodone with acetaminophen, (Vicodin®, Lorcet®, Lortab®, Zydone®, Hydrocet®, Norco®), Hydromorphone (Dilaudid®, Hydrostat®). (Baumann, 2002)