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IRO Certificate

Notice of Independent Review Decision

DATE OF REVIEW: 4/12/11

IRO CASE #:

Description of the Service or Services In Dispute
Charges for medications 01/26/2010 to 10/05/2010, Hydrocodone, Lunesta, Lorazepam, plus two unspecified medications.

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

Physician Board Certified in Anesthesiology and Pain Management

REVIEW OUTCOME

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

X Upheld	(Agree)
Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

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

Adverse determination letters, 2/1/11, 1/21/11
Summary Letter and Attached Notes, , 3/18/11
Clinical Notes, Drs.
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who suffered a low back injury in xx/xxxx. He received physical therapy and medications. He was diagnosed with degenerative disk disease, and disk bulge without impingement. The patient was treated with, physical therapy, medications, chiropractic care, work conditioning, and an ESI. A fusion was questionably recommended but not performed. Anxiety and depression are present. He has received the medications: Hydrocodone, Lorazepam, Zanaflex, Flector, Biofreeze, and Lidoderm.

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

I agree with the decision to deny the requested medications. Because the denial lists unnamed medications, I have rendered opinion on the medications cited in the records submitted for review. Per ODG: chronic opiate Rx is reasonable if there is evidence of enhanced comfort and functionality. There is no supporting documentation of this provided for review. Hydrocodone should be weaned over 2-4 weeks. Lorazepam, a sedative is not endorsed by ODG. It should be discontinued without weaning. Zanaflex is a muscle relaxant. ODG does not endorse muscle relaxants on a chronic basis. It should be weaned over 1-2 weeks. Flector, an anti-inflammatory patch, has not been demonstrated to be superior to OTC NSAIDs. It should be discontinued.

Biofreeze is not endorsed for chronic use by ODG. It should be discontinued. Lidoderm is approved for post herpetic neuralgia, which is not present. It should be discontinued.

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 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)