

SENT VIA EMAIL OR FAX ON
Aug/08/2011

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Pharmacy, Terazosin 10mg po qhs #30

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

M.D. Board certified, Physical Medicine & Rehabilitation/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

OD Guidelines

1. Cover sheet and working documents
2. Patient information and pain analysis questionnaire dated 08/18/09
3. Lab studies
4. Progress notes Pain Associates, PLC dated 08/19/09-06/23/11
5. MRI lumbar spine dated 11/04/09
6. MRI cervical spine dated 11/04/09
7. Legal documents Attorneys At Law
8. Utilization review determination request for Pharmacy, Terazosin 10mg po qhs #30 06/27/11
9. Utilization review reconsideration / appeal request for Pharmacy, Terazosin 10mg po qhs #30 07/08/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained an injury to the low back on xx/xx/xx after lifting a 300

pound air conditioning unit to the top of a 3 story building. He experienced immediate onset of LBP with subsequent development of LLE > RLE radicular pain over the next day. The claimant underwent evaluation with two physicians (private insurance) and initially treated with aquatic therapy resulting in worsened pain. After further evaluation/imaging with Dr., the claimant underwent microdiscectomy and L5-S1 fusion.

He has diagnoses of cervicalgia, displacement of cervical intervertebral disc without myelopathy, and displacement of lumbar intervertebral disc without myelopathy. Treatment has included cervical surgery in 1996 with pedicle screw fixation, lumbar fusion L5-S1 in 1997, lumbar ESIs, cervical ESIs x 3 in 2002, multiple other cervical injections including medial branch block, multiple medications trials, chronic pain management program in 2008, and multiple diagnostic studies.

The patient was seen on 06/23/11 for repeat evaluation of chronic pain syndrome. Medications were listed as Duragesic (significantly effective, DC'd due to difficulty "sticking" while working); MS Contin (significantly effective); MSIR (significantly effective); HCD (minimally effective); Opana (ineffective); Soma (significantly effective); Skelaxin (unable to recall effectiveness); Flexeril (ineffective); Zanaflex (minimally effective); Robaxin (ineffective); Restoril (moderately effective); Lyrica (significantly effective); Cymbalta (significantly effective, however resulted in suicidal thoughts); Elavil/Paxil (moderately effective).

A utilization review determination dated 06/27/11 concluded that Pharmacy, Terazosin 10mg po qhs #30 was non-certified as medically necessary. it was noted that in the absence of current subjective and objective findings, Terazosin would not be recommended. Additionally, the medical records do not establish a diagnosis of underlying high blood pressure as to support the use of this medication. Recommendation for non-certification of medications does not imply abrupt cessation or constitute a medical order for treatment or discontinuance of treatment for this patient. Any medical order must be considered by the treating physician in accordance with appropriate standard of care protocol to avoid any adverse consequences which may occur with changes in the treatment regimen.

A reconsideration/appeal request was reviewed on 07/08/11, and recommendation was to uphold the adverse determination previously rendered. The reviewer noted that clinical data submitted indicates current polypharmacy regimen to include 4 medications under review: Terazosin, Soma, Ms Contin and Lyrica as well as MSIR, Peri-Colace and Miralax. It was noted that despite the level of opioid administration the injured worker continues to report perceived pain levels that are elevated in the 8-10/10 range. The prior pre-certification reviewer noted that there was no documented history of hypertension or prostatism for which the prescription of the alpha-blocking agent Terazosin might be considered medically necessary. as the clinical documentation submitted in support of the medication appeal does not provided the clinical rationale or medical decision-making for Terazosin, the prior non-certification is upheld.

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

The request for Terazosin is not medically necessary as related to the compensable event and the previous determinations are upheld. The submitted clinical records fail to establish the diagnosis of hypertension as being causally related to the treatment of the claimant's work related injuries. As such this medication is one that if required to treat a diagnosis of hypertension should be provided under the claimant's private health insurance.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES