

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Retrospective Pharmacy Services

Case Type	Date	ICD-9/DSMV	ITEM IN DISPUTE
Retrospective	8/28/10	724.40	Pharmacy Svcs/Zolpidem 10MG
Retrospective	8/28/10	724.40	Pharmacy Svcs/Propo-N/Apap
Retrospective	10/1/10	724.40	Pharmacy Svcs/Zolpidem 10MG
Retrospective	10/27/10	724.40	Pharmacy Svcs/Enalapril 20MG
Retrospective	10/27/10	724.40	Pharmacy Svcs/Simvastatin 20MG
Retrospective	11/3/10	724.40	Pharmacy Svcs/Zolpidem 10MG
Retrospective	1/8/10	724.40	Pharmacy Svcs/Enalapril 20MG
Retrospective	1/10/10	724.40	Pharmacy Svcs/Zolpidem 10MG
Retrospective	1/31/10	724.40	Pharmacy Svcs/Simvastatin 20MG
Retrospective	2/9/10	724.40	Pharmacy Svcs//Zolpidem 10MG
Retrospective	3/8/10	724.40	Pharmacy Svcs/Zolpidem 10MG
Retrospective	3/9/10	724.40	Pharmacy Svcs/Propo-

			N/Apap
Retrospective	4/6/10	724.40	Pharmacy Svcs/Zolpidem 10MG
Retrospective	4/30/10	724.40	Pharmacy Svcs/Enalapril 20MG
Retrospective	4/30/10	724.40	Pharmacy Svcs/Propo-N/Apap

Case Type	Date	ICD-9/DSMV	ITEM IN DISPUTE
Retrospective	5/5/10	724.40	Pharmacy Svcs/Zolpidem 10MG
Retrospective	6/7/10	724.40	Pharmacy Svcs/Zolpidem 10MG
Retrospective	6/30/10	724.40	Pharmacy Svcs/Propo-N/Apap
Retrospective	7/13/10	724.40	Pharmacy Svcs/Zolpidem 10MG
Retrospective	7/24/10	724.40	Pharmacy Svcs/Simvastatin 20MG
Retrospective	7/24/10	724.40	Pharmacy Svcs/Enalapril 20MG

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

MD, Board Certified Neurosurgeon

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)

Case Type	Date	ICD-9/DSMV	ITEM IN DISPUTE	UPHELD/OVERTURNED
Retrospective	8/28/10	724.40	Pharmacy Svcs/Zolpidem 10MG	UPHELD
Retrospective	8/28/10	724.40	Pharmacy Svcs/Propo-N/Apap	UPHELD
Retrospective	10/1/10	724.40	Pharmacy Svcs/Zolpidem 10MG	UPHELD
Retrospective	10/27/10	724.40	Pharmacy Svcs/Enalapril 20MG	UPHELD
Retrospective	10/27/10	724.40	Pharmacy	UPHELD

			Svcs/Simvastatin 20MG	
Retrospective	11/3/10	724.40	Pharmacy Svcs/Zolpidem 10MG	UPHELD
Retrospective	1/8/10	724.40	Pharmacy Svcs/Enalapril 20MG	UPHELD
Retrospective	1/10/10	724.40	Pharmacy Svcs/Zolpidem 10MG	UPHELD
Retrospective	1/31/10	724.40	Pharmacy Svcs/Simvastatin 20MG	UPHELD
Retrospective	2/9/10	724.40	Pharmacy Svcs//Zolpidem 10MG	UPHELD
Retrospective	3/8/10	724.40	Pharmacy Svcs/Zolpidem 10MG	UPHELD
Retrospective	3/9/10	724.40	Pharmacy Svcs/Propo- N/Apap	UPHELD
Retrospective	4/6/10	724.40	Pharmacy Svcs/Zolpidem 10MG	UPHELD
Retrospective	4/30/10	724.40	Pharmacy Svcs/Enalapril 20MG	UPHELD
Retrospective	4/30/10	724.40	Pharmacy Svcs/Propo- N/Apap	UPHELD
Retrospective	5/5/10	724.40	Pharmacy Svcs//Zolpidem 10MG	UPHELD
Retrospective	6/7/10	724.40	Pharmacy Svcs/Zolpidem 10MG	UPHELD
Retrospective	6/30/10	724.40	Pharmacy Svcs/Propo- N/Apap	UPHELD
Retrospective	7/13/10	724.40	Pharmacy Svcs/Zolpidem 10MG	UPHELD
Retrospective	7/24/10	724.40	Pharmacy Svcs/Simvastatin 20MG	UPHELD
Retrospective	7/24/10	724.40	Pharmacy Svcs/Enalapril 20MG	UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female with a date of injury xx/xx/xx, when she was bending over. She is status post L4-L5 laminectomy/discectomy 06/04/1997. She underwent an L4- L5 fusion on 11/04/1998. On 11/27/2006 she underwent an L3-L4 fusion. She has chronic pain. This is a retrospective request for medications including Zolpidem; Simvastatin; Propo- N/Apap; and Enalapril.

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

The medications in dispute (Zolpidem; Simvastatin; Propo-N/Apap; and Enalapril) are not medically necessary. There are no recent notes (after 2008) to support continued use of the Darvocet (Propo-N/Apap). The other medications in dispute are to treat high blood pressure, insomnia, and high cholesterol.

According to the ODG, "Pain" chapter, "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". Based on earlier records the patient was on zolpidem several years prior. This medication is not recommended for long-term use, and its continued medical need is not established in the documentation submitted for review.

Propo-N/nap is an opioid. According to the ODG, "Pain" chapter, opioids for "Chronic back pain: Appears to be efficacious but limited for short-term pain relief. Long-term efficacy is unclear (>16 weeks), and there is also limited evidence for the use of opioids for chronic low back pain. ([Martell-Annals, 2007](#)) Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The records do not demonstrate that continued opioid use is medically necessary for this patient.

Enalapril is a blood pressure medication and is not mentioned in ODG. The medical necessity of its continued use is not supported by the documentation submitted for review, as there are no recent blood pressure measurements and overall medical evaluation.

Simvastatin is a medication used to treat hypercholesterolemia and is not mentioned in ODG. The use of this medication and the medical necessity of its continued use is not supported by the documentation submitted for review, as there are no recent cholesterol lab values and overall medical evaluation.

Therefore, and upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld. The reviewer finds that medical necessity does not exist for medications including Zolpidem; Simvastatin; Propo-N/Apap; and Enalapril.

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)