

SENT VIA EMAIL OR FAX ON
Jan/10/2011

True Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medications: Lorcet 10 mg #200; Tizanidine 4 mg #90; Feldene 20 mg #30; and Tramadol #240 with no refills

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

Board Certified Orthopedic Surgeon

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)

1. Lorcet 10 mg #200--Not Medically Necessary
2. Tizanidine 4 mg #90—Not Medically Necessary
3. Feldene 20 mg #30--Is Medically Necessary
4. Tramadol #240--Is Medically Necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Peer Review 11/29/10, 12/07/10

Dr / IME 06/17/10

Dr. OV 08/04/09, 11/17/09, 01/14/10, 02/19/10, 04/16/10, 07/15/10, 10/22/10

Injury rehabilitation clinic note 02/18/10

Manual Muscle Testing and Range of Motion testing 07/15/10, 10/22/10,

PATIENT CLINICAL HISTORY SUMMARY

This is a female who was reportedly involved in a motor vehicle accident on xx/xx/xx when she was rear-ended that resulted in complaints of neck, back and bilateral shoulder pain. Diagnoses included cervical bulges with radiculopathy, lumbar bulges with radiculopathy and

left shoulder impingement syndrome with a left shoulder subacromial decompression performed in November 2009.

An Independent Medical Examination dated 06/17/09 noted the claimant with continued complaints of neck, back and left shoulder pain. Review of previous imaging studies revealed preexisting, age related disc bulges but with no focal nerve root compression or any pathology that would indicate a necessity for any invasive treatment. Follow up physician records of 2009 revealed the claimant with continued treatment for neck, back and left shoulder pain. Left shoulder surgery was performed. The treating physician recommended continued use of medications, as they were medically necessary to treat symptoms resulting from the compensable injury.

The claimant continued under the care of a physician and was seen every two to three months in 2010. Persistent posterior cervical pain, constant lower back pain and left shoulder pain continued to be reported. The claimant's diagnosis remained unchanged. Additional physical therapy was recommended along with a home exercise program and medications were renewed. The claimant reported that the medications helped control her symptoms. The treating physician noted that the medications were medically necessary to treat the symptoms resulting from the compensable injury.

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

The IME of Dr. on 06/17/09 showed no evidence of radiculopathy and did not recommend the use of narcotics but rather weaning from narcotics and noted positive non-organic parameters and complaints of pain.

The claimant underwent shoulder arthroscopy on 11/09 decompression and no intraoperative postoperative complications were noted; post operatively treated with medications and physical therapy.

The claimant continues to complain of pain and is taking continued medications. It would appear the claimant has chronic myofascial or muscular complaints of pain. At this late date the IRO reviewer would find it is reasonable and medically necessary to utilize Feldene as tolerated for pain.

At this late date the IRO reviewer would recommend weaning from and discontinue narcotics for the use of chronic pain. The IRO reviewer found no medical necessity for Lorcet, and would recommend discontinuing Tizanidine, Zanaflex a muscle relaxer, which is not recommended for chronic pain. It would be reasonable to utilize Tramadol for break through pain and at this juncture the IRO reviewer would recommend an orthopedic evaluation to assess subjective complaints and perceived disabilities in conjunction with objective physical examination findings and diagnostic testing and the need for further treatment. As of this juncture, the ODG would recommend weaning from the medication she is on. Ultimately she should transition to a home exercise program and over the counter anti-inflammatories, and this is based on the ODG Guidelines, and evidence based medicine.

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)