

# Prime 400 LLC

An Independent Review Organization  
240 Commercial Street, Suite D  
Nevada City, CA 95959  
Phone: (530) 554-4970  
Fax: (530) 687-9015  
Email: manager@prime400.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jan/17/2011

**IRO CASE #:**

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

Additional Chronic Pain Management 5x/week x 2 weeks

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

MD, Board Certified in Physical Medicine and Rehabilitation  
Board Certified in 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**

**PATIENT CLINICAL HISTORY SUMMARY**

This is a woman reportedly injured when she slipped and fell on her left knee and injured her low back on xx/xx/xx. She had ongoing knee pain and back pain. The MRI showed a small L5/S1 subligamentous disc and left knee chondromalacia. She was found on 8/26/10 to be lethargic, with a BDI of 49 and a BAI of 42. He received counseling and 10 sessions of a pain program. Some notes stated she was on hydrocodone, Celebrex, Robaxin and temazepam after the 10 sessions. Her BAI was 24 and BDI was 27. Dr. noted in 12/10 that she was on tramadol, not hydrocodone. There was subjective improvement in her ability to sleep and anxiety, but she still relied on temazepam for sleep. Her prior job as a was at a medium PDL, but she was at a light on the FCE. She is considering a job change to a.

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

The patient has chronic pain and her provider has requested 10 additional sessions of the chronic pain program. Her attendance shows that she has been compliant. There has been the improvement in BAI, BDI and sleep. There has not been a decrease in the use of Tenazepam. Dr. noted she was no longer on hydrocodone, but was on tramadol. The two

prior denials were based upon lack of medication improvement. The change from hydrocodone to tramadol would be considered an improvement going from a controlled substance to one that is not considered an opiate in the United States. The records demonstrate that there have been some gains with the program and justifies the 2 additional weeks. The reviewer finds that medical necessity exists for Additional Chronic Pain Management 5x/week x 2 weeks.

**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)