



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
Fax: 715-552-0748  
Independent.Review@medworkiro.com  
[www.medwork.org](http://www.medwork.org)



### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

07/21/2011

#### *MEDWORK INDEPENDENT REVIEW WC DECISION*

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**DATE OF REVIEW: 07/21/2011**

**IRO CASE #:**

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

Medications 9/1, 9/7, 9/13, 10/13/2010

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

Texas State Licensed MD Board Certified Psychiatry & Neurology physician

**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)

Provide a 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**

1. Texas Dept of Insurance Assignment to Medwork 06/14/2011
2. Notice of assignment to URA 06/14/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 6/10/2011
4. Company Request for IRO Sections 1-3 undated
5. Request For a Review by an IRO patient request 06/06/2011
6. Record Review 07/29/2010, Peer review 09/07/2010, Office Assessment 08/16/2010, 08/03/2010, 07/12/2010, 07/06/2010, 06/21/2010, 06/01/2010, 04/13/2010, 03/15/2010, 02/16/2010, 01/19/2010, 01/08/2010, 12/21/2009, 12/15/2009, 12/08/2009, 11/23/2009, 12/02/2009, 11/16/2009, 11/03/2009, 10/22/2009, 10/05/2009, 09/21/2009, 09/10/2009, 06/11/2009.
7. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

The records reviewed indicate the claimant had a work injury on xx/xx/xx, with complaint of pain over his right iliac crest. Claimant was. The claimant, since that injury, had a complicated course of chronic pain with evidence by MRI of a severe facet hypertrophy and a posterolateral



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focal protrusion causing narrowing of the intervertebral foramen in the lateral recess, as well as an L5-S1 disc bulge and tear. The claimant had differing opinions concerning the need for a lumbar spine surgery. He finally, in 2002, underwent spinal surgery without relief of pain. The claimant was found to be using large quantities of opiate medications without relief and was visiting emergency rooms for ongoing complaints of back pain despite the use of muscle relaxants, anti-inflammatories, opiates, and neuropathic pain medications. The claimant continued to with various pain complaints, at times with radiation into the right buttock, and he underwent further evaluations, including a CT myelogram of the lumbar spine, on February 17, 2004, which showed left-sided nerve sleeve blunting L4-L5. Otherwise it was unremarkable. In spite of continued opiate use, the claimant continued to have complaints of back pain with radiation, and a spinal cord stimulator with attempted without significant benefit. The claimant was found to be suffering from depression, and antidepressant medications were prescribed in addition to multiple opiates, muscle relaxants, nonsteroidal anti-inflammatories, and medications for neuropathic pain. The claimant was found appropriate for a chronic pain program. The claimant underwent further surgery on November 8, 2004, with removal of hardware, and there was identification of a right-sided pseudoarthrosis. Claimant had a partial repeat laminectomy with a right-sided neurolysis and instrumentation on the right side. The claimant again failed to have improvement in his pain complaints, and had a narcotic infusion pump placed, performed on January 23, 2006. The patient continued without benefit. As of May 16, 2007, he was on a Duragesic patch, oxycodone, Prozac, Zanaflex, ibuprofen, Protonix, and Ambien. He was identified as having a chronic pain program and was admitted to the PRIDE program. The claimant underwent an inpatient detoxification and was admitted to a psychiatric hospital with diagnoses of opiate dependence; opiate withdrawal; chronic pain syndrome; and major depressive disorder, recurrent, severe; and he was started on Suboxone, as well as Seroquel and Ambien. After being readmitted to the PRIDE program, the claimant improved, taking Seroquel, Prozac, Zanaflex, Suboxone, and Protonix. The claimant continued in individual therapy. There is a notation in the records that the claimant at various points was abusing alcohol. In spite of improvement, the claimant was restarted on opiates, again without substantial benefit. Additionally, the claimant was treated for severe depression with ECT without sustained benefits. Finally, he treated the claimant with IV ketamine, in addition to various opiates, Baclofen, Lyrica, Prozac, oxycodone, and Protonix. Review request is for medications 9/1, 9/7, 9/13, & 10/13/2010.

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

Date of service 09/01/2010 & 10/13/2010, the use of pantoprazole sodium is not medically indicated for the treatment of chronic pain or depression. Pantoprazole sodium is used for the treatment of hyperacidity and gastroesophageal reflux disease. There is no documentation in the ODG web-based guidelines for the use of pantoprazole (Protonix) for the use of chronic pain or depression or opiate dependency.

Date of service 09/07/2010, the use of ketorolac tromethamine is not covered by the ODG web-based guidelines. The use of ketorolac is not indicated for the treatment of this individual's conditions and is used as a medication that is just being studied for the treatment of depression.



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Based upon the records reviewed and the recommendation of the ODG guidelines, there is no evidence this medication played any role in improving this claimant's condition and is not indicated.

Date of service 09/07/2010, the use of hydrocodone is not medically necessary or appropriate. The records document that the claimant has an opiate dependency and was doing well with Suboxone. The continued use of opiates in an individual with a known opiate dependency is not medically indicated. The ODG web-based guidelines do not specifically address a chemical dependency issues.

Date of service 09/13/2010, the use of Baclofen, which is an anti-spasmodic medication, is reasonable in keeping with the claimant's multiple back surgeries and spasm.

Date of service 10/13/2010, the use of cyclobenzaprine, a muscle relaxant, is not medically necessary, as the Baclofen is an anti-spasmodic and a combination of the two medications is not appropriate.

Date of service 10/13/2010, the use of OxyContin or oxycodone is not medically necessary or consistent with treatment guidelines for the use for the treatment of an individual with an opiate dependence.

In review of the ODG recommendations and the records provided the insurer's decision to deny dates of services 09/01/2010, 09/07/2010, and 10/13/2010 is upheld. However, the insurer's denial of the date of service 09/13/2010 is overturned as the use of Baclofen is medically indicated/supported in the treatment for this patient.

### **A 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 KNOWLEDGBASE
- 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)



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- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**