

Notice of Independent Review Decision

DATE OF REVIEW:

02/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Refill of hydrocodone 10-500 milligrams quantity sixty for two months (total of four refills).

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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.

The requested refill of hydrocodone 10-500 milligrams quantity sixty for two months (total of four refills) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 02/14/11 MCMC Referral
- 02/14/11 Notice To Utilization Review Agent Of Assignment DWC
- 02/14/11 letter
- 02/14/11 Notice To MCMC, LLC Of Case Assignment DWC
- 02/14/11 Confirmation Of Receipt Of A Request For A Review, DWC
- 02/11/11 Reconsideration/Appeal of Adverse Determination notice
- 01/28/11 Request For A Review By An Independent Review Organization
- 01/21/11 Medical Conference Note, M.D. and P.A.-C.
- 01/21/11 Utilization Review Determination notice
- 01/17/11 Letter of Preauthorization, M.D., with attached Directions and Strength of Medications To Be Authorized
- 11/18/10, 08/18/10, 05/19/10, 02/17/10 Interval History forms, Neurosurgical Consultants
- 11/18/10, 08/18/10, 05/19/10, 11/18/10 Follow Up notes, M.D. and PA-C
- 07/21/10 letter from M.D. and P.A.-C.
- 02/17/10 Follow Up note, M.D. and FNP
- 01/15/10 report from M.D.
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is male with date of injury xxxx. The injured individual had a lumbar fusion in 1999 and a cervical fusion in 2000. He has a spinal cord stimulator (SCS) implanted but it is not clear what body part(s) this is addressing. He has been on hydrocodone 10/500 four times daily and Mobic daily for over a year with no change in pain score or function. The attending provider (AP) suggested he would try weaning him in 01/2011.

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

The injured individual has had cervical and lumbar surgeries due to this injury. The injured individual has a SCS implanted. The injured individual has been on the same medications (hydrocodone 10/500 four times daily and Mobic daily) for over a year. The injured individual's pain score has been 4/10 throughout. The note of 01/21/2011 stated they would wean down the opiate. This should be attempted as the injured individual may not require the drug in this quantity or even at all since weaning has never been attempted and his functionality and pain scores have not changed in over a year. Long term opiate use is not supported unless absolutely necessary for patient comfort. The AP can attempt a weaning protocol on this injured individual to see if he can function comfortably with fewer medications. Also, there are no urine screens documented to verify he is compliant although the Physician Assistant (PA) did suggest they be done.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines: Hydrocodone/Acetaminophen (*Anexsia®*, *Co-Gesic®*, *Hycet™*; *Lorcet®*, *Lortab®*; *Margesic-H®*, *Maxidone™*; *Norco®*, *Stagesic®*, *Vicodin®*, *Xodol®*, *Zydone®*; *generics available*): Indicated for moderate to moderately severe pain. Note: there are no FDA-approved hydrocodone products for pain unless formulated as a combination. *Side Effects*: See opioid adverse effects. *Analgesic dose*: The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours.