

# C-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** May/16/2011

**IRO CASE #:**

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

Ongoing use of Percocet and office visits x3 for pain/medication management

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

MD, Board Certified in Anesthesiology and 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**

Pre-authorization review determination 03/22/11 regarding non-certification request of office visits times three for pain/medication management and refill of Percocet 10/325mg three times a day times 90 pills  
Pre-authorization reconsideration request determination regarding non-certification for appeal on ongoing use of Percocet and office visits times three for pain/medication management 04/13/11  
Patient data sheet 08/18/06  
Chiropractic notes 08/18/06 through 09/18/07  
Office notes MD 08/29/06 and 09/13/06  
Initial evaluation and follow up visits MD 08/31/06, 09/29/06 and 10/16/06  
MRI of the lumbar spine 10/21/06  
Initial behavioral medical evaluation and behavioral medical service reports MEd, LPC 12/15/06 through 06/29/10  
Consult/history and physical and progress notes MD 12/15/06 through 09/16/10  
Orthopedic consultation and follow up MD 01/12/07 through 06/20/07  
Operative report 01/26/07 regarding kyphoplasty T9  
Thoracic spine fluoroscopy 01/26/07  
Patient intake form 10/15/10  
Insurance information and pre-authorization request 11/30/10 MD  
Peer review reports MD 12/21/07, 01/11/08, 02/16/09 and 02/22/10  
EMG/NCV 04/17/07  
Operative report 06/29/07 and 08/03/07 regarding bilateral thoracic transforaminal epidural steroid injections  
Designated doctor evaluation 08/16/07 MD  
History and physical MD 10/23/07  
ODG Guidelines and Treatment Guidelines

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a female whose date of injury is xx/xx/xx. Records indicate she was injured when she tripped and fell while trying to catch a falling object. The injured employee

underwent kyphoplasty for T9 compression fracture on 01/26/07.

She subsequently underwent bilateral thoracic transforaminal epidural steroid injections at T8-9 and T9-10 on 06/29/07 and again on 08/03/07. The injured employee also was noted to be status post lumbar laminectomy and discectomy performed 12/22/08.

A request for office visits times three for pain/medication management and refill of Percocet 10/325mg three times a day times 90 pills was reviewed on 03/22/11 and determined as non-certified. The injured employee was noted to have a history of chronic low back pain, with previous kyphoplasty in 2007 and lumbar laminectomy in 2008. According to previous IRO review on 01/21/11, a previous adverse determination for neurology consultation was upheld due to lack of mention for this consultation from the clinical information and lack of clinical rationale for such consultation. Clinic note on 02/16/11 mentioned the injured employee's comfort level and functional status were poor and that pain alternated between being the same and worse. The note also mentioned fair painful lumbar range of motion along with paraspinous tenderness at L4-5 and L5-S1; bilateral sciatic notch tenderness; surgical scars well healed without signs of infection; right gastrocnemius atrophy; motor sensory deficit pattern from L3 through S1 bilaterally; and positive straight leg raise bilaterally. There was no indication from the available documentation/information that the ongoing use of Percocet and pain medication management was providing significant overall functional improvement including mention that pain was the same or worse along with the injured employee having poor functional status. Since pain medication and medication management does not appear to be helping much there would be no need for requested refill and office visits.

A reconsideration/appeal request for ongoing use of Percocet and office visits times three for pain/medication management was reviewed on 04/13/11, and the request was determined as non-certified. The review noted that prior pre-certification review on 03/23/11 stated there is no indication from the available documentation/information that the ongoing use of Percocet and pain medication management is providing significant overall functional improvement including mention that pain is the same or worse along with the injured employee having poor functional status. Since pain medication and medication management does not appear to be helping much, there would be no need for the requested refill and office visits for pain/medication management as well. The review then notes that letter of appeal presents a different story, noting the worker is benefitting from medications; however, this statement is accompanied by the suggestion the worker requires further diagnostic evaluation because of ongoing low back and leg symptoms following the prior surgical procedure and all attendant conservative care measures. It is not clear from the records provided that the worker is benefitting from the current opioid regimen and as such clinical guidelines do not support the long term use of opioids when functional improvement is not objectively documented. The medical necessity for monthly in office reevaluation for long term assistance with the self management of chronic pain syndrome from failed back surgery syndrome is not established per clinical guidelines. The response to the initial non-certification of continued use of Oxycodone is not sufficient to overturn the initial non-certification recommendation.

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

The injured employee is noted to have sustained an injury on xx/xx/xx resulting in T9 compression fracture. The injured employee underwent a kyphoplasty in 2007. She subsequently underwent lumbar laminectomy in 2008. The clinical records reflect that the injured employee has ongoing low back pain and leg symptoms. It does not appear as if injured employee has had significant benefit/pain relief with chronic use of Percocet. Per Official Disability Guidelines, opioid medications should be discontinued if there is no overall improvement in function unless there are extenuating circumstances. The reviewer finds there is not a medical necessity for Ongoing use of Percocet and office visits x3 for pain/medication management.

**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)