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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: November 3, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Norco 10-325 mg 1 tab every 6 hours as needed pain # 120 90862-no refill, Lyrica 150mg 1 tab in am and 2 tabs at HS # 90 90862-no refill, Baclofen 10mg 1 tab BID to TID as needed #90 90862-no refill

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Physical Medicine & Rehabilitation and Pain Management

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[ ] Upheld (Agree)
[ ] Overturned (Disagree)
[X] Partially Overturned (Agree in part/Disagree in part)

The reviewer finds there is a medical necessity for Norco 10-325 mg 1 tab every 6 hours as needed pain # 120 90862-no refill and Lyrica 150mg 1 tab in am and 2 tabs at HS # 90 90862-no refill. The reviewer finds there is not a medical necessity for Baclofen 10mg 1 tab BID to TID as needed #90 90862-no refill.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines and Treatment Guidelines
Request for IRO dated 10/17/11
Request for IRO dated 09/27/11
Utilization review determination dated 07/11/11
Utilization review determination dated 07/26/11
Clinical records Dr. 01/17/11, 01/26/11
Clinical records Dr. 01/19/10, 05/26/10
Chiropractic treatment notes
Radiographic report lumbar spine dated 05/20/10
MRI lumbar spine dated 05/20/10
Peer review Dr. dated 03/24/11
Correspondence Dr. dated 08/05/10
EMG/NCV dated 08/30/10
Clinical records Dr. 03/15/11
Psychological evaluation dated 04/13/11
Addtl Carrier Submitted Clinical records (900 Pages) from 06/04/2003 through 07/29/2011

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who injured his low back on xx/xx/xx. He failed conservative

treatment and underwent lumbar laminectomy in 2000 with repeat procedure in 2008. He has been diagnosed with failed back surgery syndrome. Per psychological evaluation dated 04/13/11 he was diagnosed with depression secondary to chronic pain syndrome / failed back surgery syndrome. His BDI score was 31 and BAI was 25. He has a flat affect with noted anxiety. MRI of lumbar spine from 05/20/10 indicates there is pathology at L4-5 with posterior 2-3 mm protrusion or herniation pressing the thecal sac, narrowing the medial aspect of neural foramen bilaterally, contacting the nerve root and neural foramen on both sides. There are post surgical changes and posterior marginal spondylosis seen at L5-S1. There is contact against the anterior aspect of the S1 nerve root bilaterally. It was recommended that he participate in chronic pain management program. He is regularly seen in follow-up, and continues to have functional deficits.

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

The continued use of these medications is clearly contingent upon being in full compliance with ODG guidelines, which require the provider to submit current physical examinations, and require the claimant to have chronic pain management contract and continue to do random urine drug screens. The records in this case do not contain a recent physical examination by the treating provider or provide pertinent clinical information to establish continued medical necessity for this prescription profile. However, several of these are medications cannot be abruptly discontinued. The continued use of Baclofen 10 mg is not supported by recent examination establishing presence of chronic myospasms. However, the reviewer finds there is a medical necessity for Norco 10-325 mg 1 tab every 6 hours as needed pain # 120 90862-no refill and Lyrica 150mg 1 tab in am and 2 tabs at HS # 90 90862-no refill. The reviewer finds there is not a medical necessity for Baclofen 10mg 1 tab BID to TID as needed #90 90862-no refill.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)