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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
01/14/2011 Hydrocodone/Acetaminophen Tab 10-50 60 Units and Diazepam Tab 10MG 40 Units
02/11/2011 Hydrocodone/Acetaminophen Tab 10-50 60 Units and Diazepam Tab 10MG 40 Units
03/11/2011 Diazepam Tab 10MG 40 Units and Hydrocodone/Acetaminophen Tab 10-50 60 Units
06/22/2011 Hydrocodone/Acetaminophen Tab 10-50 60 Units and Diazepam Tab 10MG 40 Units
07/26/2011 Hydrocodone/Acetaminophen Tab 10-50 60 Units and Zolpidem Tartrate Tab 10MG 30 Units

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Family Practice

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
Request for IRO dated 10/20/11
Request for IRO dated 10/03/11
Peer review dated 12/22/09

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male whose date of injury is xx/xx/xx. The record contains a peer review report dated 12/22/09 which indicates the claimant was employed as a cook when he slipped and fell while cleaning a vat pan injuring his shoulder, neck and back. It is noted the claimant was evaluated at ER at on 07/11/06 with complaints of pain in his right shoulder, neck and vertigo. He was subsequently found to have tenderness in posterior neck and right shoulder with limited range of motion. X-ray of the right shoulder and cervical spine were negative. CT of head was negative. He was diagnosed with right shoulder and cervical muscle sprains, hypertension and discharge with prescriptions for Clonidine, Naproxen, and Flexeril.

subsequently saw the claimant in follow-up. She noted the claimant was taking Ambien, which was helping him. He was using Lidoderm patches, which were helpful. He complains of persistent headache radiating to back of head and neck. Cognitive function was normal. provided occipital nerve block for headaches on 08/06/06. He was treated with electrical stimulation, mechanical traction, and therapeutic exercise. saw the claimant on 04/26/07 and

notes diffuse pain across neck and upper back with radiating pain toward the right and left shoulder. There are pain and paresthesias extending into upper extremities most prominently along posterolateral aspect and paresthesias that extend along the right arm into digits 5 and slightly into 4 bilaterally. Movement made pain worse. Imaging studies of chest were reported as normal. Radiographs of right scapula and shoulder showed degenerative changes in right AC joint. The claimant is later reported to have symptoms consistent with C8 dermatomal distribution bilaterally. He was prescribed Cymbalta, Avinza, Lortab, and restricted activities.
MRI of the cervical spine was performed. This study notes multilevel diffuse small posterior bulging disc but no significant neural foraminal narrowing documented from C1-6. designated doctor, on 12/20/07, saw the claimant. He placed the claimant at statutory maximum medical improvement with 0% impairment. Records indicate who had recommended the claimant undergo ACDF from C4-7 saw the claimant. It is noted that myelogram performed on 09/13/06 was negative for any significant block or nerve root sleeve deficit. It is further reported the claimant has history of lumbar surgery in 1985 and 1986. Records indicate the claimant continued to receive oral medications. He later underwent cervical facet medial branch blocks at C5-6 and C6-7 with 85 to 90% improvement. On 02/20/08 it was reported he was able to decrease his amount of pain medication. Residual improvement was 50-60%. The claimant underwent left sided cervical facet medial branch blocks at C5-6, C6-7 on 03/06/09. The claimant is reported to have 75% improvement. The most recent clinical information reports request for epidural steroid injections was not approved under utilization review. The reviewer opines the claimant sustained cervical strain without documentation of major structural injury. indicates for uncomplicated cervical strain, the patient would not have required care beyond that time period. He opines that ongoing continued care should not be required and continued use of oral medications would not be required. It would appear that based on the request that the claimant's medications have not been paid for. The DWC form 66's indicate the claimant has had prescriptions for Hydrocodone, Diazepam, and Zolpidem.

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

The clinical record consists of peer review from 12/22/09 and DWC form 66 documenting prescriptions provided to the claimant. This peer review is 2 years old and essentially ends with treatment dates in 2009 and is not reflective of the claimant's current clinical status. There is no supporting information to deny use of these medications. For this reason, the reviewer finds there is a medical necessity for: 01/14/2011 Hydrocodone/Acetaminophen Tab 10-50 60 Units and Diazepam Tab 10MG 40 Units; 02/11/2011 Hydrocodone/Acetaminophen Tab 10-50 60 Units and Diazepam Tab 10MG 40 Units; 03/11/2011 Diazepam Tab 10MG 40 Units and Hydrocodone/Acetaminophen Tab 10-50 60 Units; 06/22/2011 Hydrocodone/Acetaminophen Tab 10-50 60 Units and Diazepam Tab 10MG 40 Units; and 07/26/2011 Hydrocodone/Acetaminophen Tab 10-50 60 Units and Zolpidem Tartrate Tab 10MG 30 Units.

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)