

SENT VIA EMAIL OR FAX ON
Oct/20/2011

True Resolutions Inc.

An Independent Review Organization
500 E. 4th St., PMB 352
Austin, TX 78701
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Oct/19/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Oral Ondansetron HCL 4mg take 1-2 tablets by mouth at bedtime

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

OD Guidelines
Request for IRO dated 10/07/11
Utilization review determination dated 09/23/11
Utilization review determination dated 10/03/11
Lumbar myelogram dated 11/29/04
CT of abdomen dated 12/27/05
Clinical records Dr. dated 02/28/05, 06/29/11, 08/01/11, 08/22/11, 09/02/11
Intrathecal pump refill data dated 10/06/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who has date of injury of xx/xx/xx. On this date she lifted and packed 40-60 lb boxes and since has had persistent back, buttock, and leg pain. She has

undergone a lumbar fusion at two levels in 2003 followed by laminectomy proceeded by IDET. She has not had any significant relief. She underwent neurostimulator implant in 2004. She has history of chronic back and leg pain. She is noted to have postlaminectomy pain syndrome having failed all rehabilitative and medical treatment plans, generalized neuropathic pain and moderate reactive depression. She later underwent placement of intrathecal pump. The record contains a note dated 06/29/11 that reports the claimant has had significant improvement under current pain regimen and intrathecal pump. She is noted to be able to walk greater distances. Her average pain scores are 2-3/10. Her intrathecal pump is refilled with Bupivacaine.

The claimant was seen in follow-up on 08/01/11. On this date she underwent intrathecal pump refill with Dilaudid containing Bupivacaine. She is noted to be taking minimal supplemental medications.

On 08/22/11 the claimant was seen in follow-up. Her urinalysis is reported to be consistent with agent she is currently prescribed. She has been given Norco for breakthrough pain with one refill. She is currently taking Lyrica and Effexor. Her pain scores are reported to be 2-4/10.

On 09/02/11 the claimant was seen in follow-up. She is effectively treated with intrathecal therapy. She reports 90% improvement with this care. Her quality of life has been reestablished. She is reported to be down to 1 Diazepam at night and Effexor in morning and Lyrica 3 times a day. She takes occasional Norco and Tizanidine. Her pump is refilled with preservative free Dilaudid. She is recommended to continue to lower her medications if at all possible.

The initial review was performed by Dr. on 09/23/11. Dr. non-certified the request. He notes the claimant does not meet criteria for use of this medication as there are no documented complaints of ongoing nausea or vomiting. Therefore, the request does not meet guidelines and is not supported as medically necessary.

The appeal request was reviewed by Dr. on 10/03/11. Dr. non-certified the request noting the claimant presented for follow-up and her intrathecal medications were lowered. There was no documentation the patient was having any adverse reactions to current medications which would include nausea and vomiting that would warrant the requested medications. He subsequently non-certified the request.

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

The request for Oral Ondansetron HCL 4 mg 1-2 tablets by mouth at bedtime is not supported by the submitted clinical information. There is absolutely no data contained in the clinical record which establishes that the claimant has developed nausea and vomiting as a result of her oral medication use. There is no data to suggest the claimant has had any side effects. Based on the totality of the clinical information, the requested prescription for Ondansetron is not medically necessary. Therefore, the previous utilization review determinations are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES