

I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sept/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Norco 10mg Qty 90 one tab 3x a day x2 Refills,
Colase 100mg Qty 60 one tab 2 x a day x 2 Refills
Klonopin 1mg Qty 30 one tab a night x2 Refills

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

MD, Board Certified 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

Official Disability Guidelines
Clinical records Dr. 08/22/05
Operative report right shoulder arthroscopy dated 09/07/05
Functional capacity evaluation dated 10/07/05
Retrospective peer review dated 02/18/06
Health evaluation dated 03/08/06
Designated doctor evaluation dated 03/24/06
Bilateral upper extremity Doppler Study dated 05/01/06
Addendum to peer review report dated 05/02/06
Bilateral upper extremity Doppler Study dated 05/22/06
Clinical records Dr., Dr. Various Dates
Procedure report cervical epidural steroid injection dated 01/24/07
Procedure report cervical epidural steroid injection dated 02/21/07
Peer review Dr. dated 08/04/07
BRC CCH results dated 06/25/08
IME report Dr. dated 08/24/07
Psychiatric evaluation Dr. dated 11/20/07
Peer review Dr. dated 08/05/08
Procedure report cervical epidural steroid injection dated 09/22/09
Psychological testing dated 10/13/09
RME Dr. dated 01/15/10
Addendum dated 02/24/10
Second addendum dated 02/25/10
Utilization review determination dated 08/18/11
Utilization review determination dated 08/25/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xxxx. It is noted she was employed. She is noted to have history of a left de Quervain's release in 2004 and right shoulder surgery in 2005 and nerve release in 11/05. She reported prior injuries of fractured right ankle, left wrist de Quervain's and elbow nerve release. She is noted to be 5'3" tall and weighs 281 lbs. On the date of injury she reported the development of numbness and tingling in the little and ring finger of right hand.

She later underwent MRI of the right wrist on 03/14/05, which was essentially negative. She has subsequent MRI of right shoulder, which noted moderate supraspinatus and infraspinatus tendinopathy without full thickness tear. She had mild to moderate bony hypertrophy of the acromioclavicular joint. She is noted to have undergone electrodiagnostic studies by D.C. This was reported to be abnormal and demonstrated mild to moderate findings of ulnar neuropathy at level of elbow, right greater than left. She was subsequently taken to surgery by Dr. on 09/07/05. She underwent right shoulder arthroscopy with debridement of subacromial subdeltoid bursa, debridement of subacromial periosteum with intraarticular injections. The claimant complains of pain to right elbow and other three fingers with numbness to her inner three fingers. She is opined to have impingement syndrome of shoulder with arthroscopic repair, AC arthrosis status post distal clavicle resection, status post left wrist de Quervain's release in 2004 and left elbow ulnar nerve release in 2004. She was ultimately opined to be at clinical maximum medical improvement and received 11% whole person impairment. On 05/01/06 the claimant was identified as having acute DVT in distal right brachial vein. A subsequent repeat study on 05/22/06 indicates the deep venous thrombosis had resolved. Records indicate the claimant later received diagnosis of complex regional pain syndrome of the neck, arms, and hands, and subsequently received series of epidural steroid injections from Dr.

A peer review was performed on 04/04/07 in which the claimant is reported to not have clinical evidence of diagnosis of reflex sympathetic dystrophy. Records indicate results of BRC CCH hearing. This report indicates the extent of injury includes reflex sympathetic dystrophy / complex regional pain syndrome, but does not extend to include depression, anxiety or emotional disorders.

The record contains IME report by Dr. dated 08/24/07. Dr. provides discussion of CRPS. He notes physical examination is not consistent with generally accepted medical standards to diagnose complex regional pain syndrome. He notes her pain complaints are not anatomical. Her sweat pattern is normal. Temperature is normal. There is no skin discoloration. He further notes she has full active range of motion. The record contains a psychological evaluation performed by Dr. He notes the diagnosis of provisional malingering rules out undifferentiated somatoform disorder. The record includes another peer review by Dr. dated 08/05/08. Dr. notes this is controversial diagnosis and that it is very clear there is overlap with psychiatric conditions. It is noted that two different evaluators found significant symptom exaggeration.

The record contains a letter from Dr. dated 06/15/09 in which he reports medication management has resulted in claimant being bright and cheerful and thankful for progress she has made. She has responded favorably to cervical epidural blockade with greater than 50% pain reduction. He notes the claimant wants to go under additional cervical blockade, which was performed on 07/28/09. On 08/17/09 Dr. reports the claimant has improved 100%, yet is noted to have moderate to severe hyperesthesia and swelling. She was unable to perform activities at home including cooking and cleaning, and is now able to do these. She is recommended for additional blocks. She is continued on Lortab, Effexor, Lyrica, and Klonopin. She underwent additional cervical epidural steroid injection on 09/22/09. Records indicate the claimant was later referred for consideration of dorsal column stimulation and subsequently underwent series of psychological evaluations.

Records indicate the claimant underwent a required medical examination by Dr. on 01/15/10. Dr. again notes the claimant does not meet criteria for complex regional pain syndrome but meets criteria for somatoform pain disorder. He recommended against no further narcotics,

benzodiazepine, epidural steroid injections, consideration of dorsal column stimulation or morphine pump, noting they are all inconsistent with Official Disability Guidelines. He again recommends against continuation of oral medications, and continues to note the claimant does not meet criteria for diagnosis of CRPS despite BRC hearing results.

On 08/18/11 the request for Norco 10 mg, Colace 100 mg and Klonopin 1 mg was reviewed by Dr. She reports lack of documentation regarding the claimant's opioid and non-opioid therapy as well as establishment of treatment plan and lack of certification regarding request for Klonopin which does not meet guidelines. She further notes the request for Colace is not established and non-certified the request.

On 08/25/11 the appeal request was reviewed. Peer reviewer noted this claimant is status post spinal cord stimulator placed in 02/11. As of 08/11/11 the documentation states her stimulator is working well and that she has good range of motion and strength. Her arms are warm. Documentation states that medications including neuropathic and antidepressants support was working on neuropathic pain generator and have been stabilized. She is taking Klonopin at night. He notes with spinal cord stimulator working so well there is no documentation as to why the patient needs to continue on Norco 10 mg tid or Klonopin 1 mg tid.

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

The claimant is a female who has a history of upper extremity pain originally attributable to repetitive work. She has a past surgical history which includes left carpal tunnel release and left de Quervain's release that were both non work related. She has further undergone right shoulder surgery in 2005. She is documented as having undergone placement of dorsal column stimulator as diagnosis of CRPS, which does not appear to be validated through serial clinical records. Recent serial notes from Dr. indicate the claimant is having significant benefit from dorsal column stimulator. She is noted to have good range of motion, less sensitivity, and minimal swelling. As such, the intent of dorsal column stimulator is to reduce and eliminate the need for oral medications. She is noted to be compliant with medication regimen; however, there are no clinical records, which establish medical necessity for continued use of these medications after implantation of dorsal column stimulator. As such, these medications should be discontinued. There is no documentation contained in clinical record establishing the claimant has side effects from chronic opiate use; and therefore, the continued use of Colace is not medically necessary. While weaning from the Norco and Klonopin would be considered medically necessary, the request for these quantities is not. The reviewer finds no medical necessity for Norco 10mg Qty 90 one tab 3x a day x2 Refills, Colase 100mg Qty 60 one tab 2 x a day x 2 Refills and Klonopin 1mg Qty 30 one tab a night x2 Refills.

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)