

SENT VIA EMAIL OR FAX ON
Apr/03/2012

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/03/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

90 Tablets of Oxycodone APAP 10-650 mg
180 Tablets of Alprazolam 1 mg
60 Capsules of Gabapentin 300 mg

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

Board Certified Internal Medicine

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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have a date of injury of xx/xx/xx. The claimant is reported to have been injured by xxxx. He is reported to have sustained burns on hip, back, right leg and left leg and his abdomen as well reported to be 2nd and 3rd degree burns. He reported his pain level is 6/10 on xxxx. He reported trouble walking in mornings. He reported Gabapentin helps. He has a lot of problem sleeping as well. He is noted to have various 2nd and 1st degree burns. He has diagnosis of peripheral neuropathy, reflex sympathetic dystrophy. There is reference to nerve root impingement. The submitted clinical record consists largely from handwritten notes from Dr.. Some of the notes are easier to interpret than others. Records indicate the claimant was largely treated with supportive care and prescription medications. There is no data contained in these records indicating the claimant

has a signed pain management contract of that the claimant routinely undergoes urine drug screen to assess compliance. The record includes MRI of lumbar spine dated 01/10/11. This study notes a 2-3 mm disc bulge at L5-S1, 2-3 mm disc bulge at L4-5. The central canal and neural foramina are patent. L1-2, L2-3 and L3-4 are reported as normal. Records indicate the claimant was again maintained on oral medications and no significant findings were noted on MRI. On 02/21/11 the claimant was seen by Dr. for required medical examination. It is noted the claimant has undergone EMG/NCV studies which was not conclusive of lumbar radiculopathy. The claimant notes his response to treatment remains unchanged. He reported pins and needle sensations in the areas that he was burned. His pain is reportedly improved with medication. It is noted he is reported to have severe pain graded as 7/10. His heart rate was 76 and respirations were 14. He reported his average daily pain level is horrible very severe graded 8/10. He reported numbness throughout right and left legs, left back, low back, waist line. He reported sexual dysfunction. He is noted to be 5'10" tall and weighs 200 lbs. He walks slowly and deliberately without any specific evidence of pain. He was able to disrobe without any difficulty. On evaluation of skin there are areas of clear evidence of previous burn. Approximately 25.30 cm diffuse area of mild hypo pigmentation noted over upper back and left side. There are additional areas over left hip and left lower quadrant which are hardly detectable with regard to presence of any scar. He has slight erythematous scar in calves bilaterally. He is noted to have large right varicose vein in right calf. In examining all of the skin sites, he reported extreme sensitivity in simply touching skin, causing him to have pain in every area where there was previous burn. However, this was not consistent when the doctor made specific occult maneuvers in terms of examining left lower quadrant placing his hand on left shoulder where he had previously squirmed because of touching on skin. He had no response with regard to me touching him in left shoulder, but was squirming and complaining of pain when he was evaluating left lower extremity with right hand. He also complained of pain with simple palpation over the calves, yet when using measuring tape there was no reproduction of calf pain. Additionally, while performing sensory testing in lower extremities, the examinee complained of no evidence of increased sensitivity of pinprick and in fact reported everywhere the doctor touched over burn areas was dull and could not feel anything. Yet previously, just touching he complained of severe pain and allodynic type response. Despite all of the pain he had localized on his back he had no trouble lying supine on examination table. Reflexes were 2+ and symmetric. Lumbar range of motion was not consistent with observed transitional movements. Manual motor strength is graded 5/5. Waddell's was positive 5/5. It was opined that the claimant had reached clinical maximum medical improvement. He was assessed a 9% whole person impairment rating and was recommended to use sunscreen when exposed to the sun. He notes that no other restrictions are expected as the examinee's limitations are subjective not objective and do not make physiologic sense. Records indicate that the claimant continued under the care of Dr. routinely receiving medications. On 06/30/11 the claimant was seen by designated doctor who finds that the claimant is at clinical maximum medical improvement and provides a 9% whole person impairment on 02/21/11. Amended report was submitted on 07/20/11. The records indicate that the claimant had undergone functional capacity evaluation. He notes that the claimant's condition is stable and his impairment is not likely to change he continues to find the claimant at maximum medical improvement.

The claimant has continued to follow-up with Dr. receiving oral medications. The claimant was again seen by Dr. on 08/12/11 who notes no substantive changes in his physical examination and that the claimant's current symptoms continue to reflect an underlying symptom magnification and pain behavior that is out of proportion to his physical examination findings and that there is underlying psychiatric disease. He notes that no further diagnostic testing should be considered reasonable or necessary. He further finds that there's no evidence to establish that the claimant has anxiety, and therefore Alprazolam is not clinically indicated. He notes that Gabapentin has shown no evidence to have decreased his pain or increased his functional capacity and that is unreasonable and not medically necessary. He further notes that there is no clinical indication for continued use of Oxycodone acetaminophen. He notes that the claimant's dosage has increased since his last evaluation and that there's no obvious increase in his functional capacity or pain control. He subsequently recommends cessation of the medication over a four week period.

The initial review was performed by Dr. who non-certified the request noting that there's no clear documentation that the prescriptions are from a single practitioner or taken as directed. She notes that there is no documentation or testing of to have support moderate to severe anxiety disorder panic attacks or a statement identifying that alprazolam will be used as an adjunctive treatment. He notes that there is no documentation of neuropathic pain and as such there is or as such medical necessity was not established.

A subsequent appeal review was performed by Dr. who non-certified the request again noting that there is no documentation that the prescriptions are from a single practitioner or that the lowest dose is being taken. There's no data establishing moderate to severe anxiety disorder or depression. He notes that there's no documentation of an ongoing pain assessment. Urine drug screen has not been provided in the submitted records. There is no plan for contemplating tapering of opioid medications.

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

The request for 90 tablets of Oxycodone APAP 10/650mg, 180 tablets of Alprazolam 1mg and 60 capsules of Gabapentin 300mg is not supported as medically necessary and the previous utilization review determinations are upheld. The submitted clinical records indicate that the claimant sustained first and second degree burns as a result of a boiler explosion. The records indicate that the claimant has been treated for subjective complaints which have not been validated on independent examination. The records indicate that the claimant reports hypersensitivity yet surreptitious testing indicates no sensitivity on physical examination. The claimant is noted to have 5/5 Waddell's signs supporting symptom magnification. The record does not provide any data establishing that the claimant has been psychologically tested and has a valid diagnosis of anxiety disorder necessitating the use of alprazolam. There's no indication in the objective documentation that the claimant has neuropathic pain for which Gabapentin would be clinically indicated. The serial records do not indicate that there has been any subjective pain relief despite using these medications and Oxycodone 7.5 or Oxycodone 10/650. In fact the claimant's doses have increased in the serial records with no reports of decreasing pain. As such the continued use of this medication would not be clinically indicated as there is no data to establish that the claimant has been compliant with this opiate medication regimen. There are no serial urine drug screens. The record does not provide a signed opiate contract. Given the lack of objective findings the previous utilization review determinations are correct and therefore upheld.

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)