SENT VIA EMAIL OR FAX ON
Jan/10/2012

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jan/09/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Follow-up Visit and Medications of Naprosyn EC, Parafen Forte DSC, and Tylenol XS

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

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
OD Guidelines
Utilization review determination dated 08/15/11
Utilization review determination dated 10/21/11
Request for IRO dated 12/27/11
Clinical records Dr. dated 03/21/11, 03/13/10, 03/13/09, 06/27/08, 08/28/08, 04/25/08, 09/18/07, 11/14/06, 07/01/05, 11/22/04, 04/19/04, 02/11/04
Medication records
Radiographic report lumbar spine dated 06/23/08
MRI lumbar spine dated 10/29/11
MRI lumbar spine dated 10/26/00
EMG/NCV study dated 02/22/01
Operative report dated 03/28/00

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xx. The claimant apparently failed to respond to conservative treatment and underwent decompressive lumbar laminectomy at L5-S1 bilaterally with discectomy and foraminotomy on 03/28/00. Postoperatively she had continued complaints of low back pain radiating to bilateral lower extremities left greater than right. She is noted to have postoperative residual abnormalities in L5-S1 distributions. She received postoperative physical therapy. Records indicate the claimant was largely treated with oral medications which she appeared to be stable. Serial imaging indicates post-operative surgical changes at L5-S1 with a devolvement of a minimal disc bulge at L1-2. Serial physical examinations indicate that the claimant is grossly stable. Most recent clinical note is dated 03/21/11. She continues to have low back pain radiating into the bilateral lower extremities. She reports her pain levels to be 8/10. She indicates that her pain medication helps. Her current medication profile consists of Naprosyn, Tylenol, and Parafon Forte. She is 4'5" tall and weighs 134 pounds. Straight leg raise is reported to be positive on the left. Motor was decreased in left dorsiflexion minimally sensory was decreased in the S1 and L5 distributions on the left. Deep tendon reflexes are equal. She can flex to 80 degrees with low back pain.

The initial review was performed by Dr. who non-certified the request noting that the claimant has chronic low back pain he reports the Parafon is recommended in combination with physical therapy. He notes that the request for Parafon, Naprosyn, and Tylenol are not supported by Official Disability Guidelines. A subsequent appeal request was reviewed by Dr. who non-certified the appeal request

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

The request for Follow-up visit, medications of Naprosyn EC, Parafon Forte DSC, and Tylenol XS are medically necessary and the previous utilization review determinations are overturned. The submitted clinical records indicate that the claimant has a history of chronic low back pain not responsive to previous surgical intervention and therefore categorized as failed back surgery syndrome. The medication profile as provided by Dr. is minimal and per the clinical record manages the claimant's modest chronic post-operative pain. The claimant requires semi-annual to quarterly office visits due to the chronicity of the condition and the chronic NSAID use and periodically requires laboratory studies to assess hepatic and renal function. As such there is sufficient clinical information to establish the medical necessity as well as efficacy of this treatment.

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)