



Medwork Independent Review

5840 Arndt Rd., Ste #2
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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

Date: February 4, 2013

DATE OF REVIEW: 2/3/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Norco10/325 1po QID Count #120 With 1 Refill

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 01/16/2013,
2. Notice of assignment to URA 11/28/2012,
3. Confirmation of Receipt of a Request for a Review by an IRO 01/16/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 01/16/2013
6. Formal health records 1/28/2013, 11/26/2012, 10/01/2012, 09/06/2012, 08/08/2012, 06/01/2012, 04/02/2012, 02/02/2012, 10/03/2011, 08/02/2011, 06/06/2011, 04/06/2011, 02/15/2011, 1/17/2011, 12/20/2010, 11/22/2010, 10/25/2010, 09/08/2010, 08/11/2010, 07/19/2010, 07/08/2010, 06/21/2010, 05/24/2010, 03/26/2010, 03/04/2010, 02/05/2010, 01/05/2010, 12/08/2009, 12/02/2009, 10/28/2009, 10/27/2009, 10/23/2009, 10/19/2009, 10/15/2009, 10/12/2009, 09/17/2009, 09/02/2009, 08/25/2009, 10/09/2008, appeal of adverse determination 12/04/2012, 11/16/2012, utilization review determination 10/30/2012, follow-up from physician 10/30/2012.

PATIENT CLINICAL HISTORY:



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The patient was injured at his place of employment on xx/xx/xx. He has been managed conservatively since the date of injury. To date, the patient has been managed with physical therapy, medications including opioid analgesics, anti-inflammatories, and muscle relaxants. It appears he also had a surgical intervention in March of 2012 described as an L4-5 discectomy on the left. His imaging studies reveal MRI of the C-spine 10/29/2009, a 3 mm left HNP at C3-4, a 1 mm bulge at C5-6, a 1 mm bulge at C6-7, with bilateral neural foraminal stenosis at that level, and 1 mm bulge at C7-T1. MRI of the lumbar spine 10/05/2009 reveals L1-2 and L4 bulges, L4-5 bulge and facet changes, and L5-S1 disk bulge with facet arthropathy. He has been treated interventionally addressing facet mediated pain.

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

In regard to analysis and explanation of the decision utilizing Official Disability Guidelines in Treatment 8th Edition 2010 and medical judgment, clinical experience, and expertise in accordance with accepted medical standards, the use of chronic opioids, in utilizing the ODG on page 1128 for ongoing management reveals the prescriptions should be from a single practitioner, taken as directed, and all from a single pharmacy. Additionally, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be readily available. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control, documentation of misuse of medications, continuing review of overall situation with regard to non opioid means of pain control. Utilizing these guidelines, the documentation does not support continued use of opioids. There is no clear suggestion per documentation the patient's quality of life or functional status has increased, or that he has obtained significant pain relief, avoided abuse, aberrant behavior, or even diversion of the medication. However, it does appear that the patient continues to suffer from pain related to his condition and work-related injury. If the required criteria per ODG are met, then it would be reasonable to continue use with opioids; however, to date, this still has not been achieved, and therefore the hydrocodone would not be recommended per ODG.

The denial of these services is upheld.



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

- ACOEM- AMERICAN 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)