

US Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jan/28/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Prescription Medication

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D. O. Board Certified Pain 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the requested Prescription Medications were not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Designated doctor evaluation 06/27/11
IME 07/27/11
Clinical note 12/28/10-04/19/12
Procedure note 09/29/11
Designated doctor evaluation 10/31/11
Procedure note 01/03/12 and 01/10/12
Therapy notes 08/22/11-10/03/11
MRI cervical spine 03/09/11
RME 05/02/11
Designated doctor evaluation 06/27/11
Electro-diagnostic studies 08/25/11
MRI right shoulder 11/21/11
Urine drug screen 03/20/12
Designated doctor evaluation 04/04/12
Functional capacity evaluation 04/24/12
Medication list 12/17/12
Utilization review 01/04/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury to his cervical spine. Designated doctor evaluation dated 06/27/11 detailed the patient stating that the initial injury occurred when he was lifting approximately 300 pounds, injuring his neck and right shoulder. The patient also complained of difficulty with sleeping. Clinical note dated 01/30/12 detailed the patient continuing with neck pain radiating to the right shoulder. The patient rated the pain as 4/10. Clinical note dated 03/22/11 detailed the patient stating he

was having trouble refilling his medications as someone stole his medication out of his truck. The patient and provider specifically stated no refills with no exceptions secondary to the theft. Laboratory study indicate a drug screen dated 03/20/12 revealed the patient showing inconsistencies with his medication regimen as hydrocodone and Carisoprodol were not detected in regards to administration. Clinical note dated 09/10/12 detailed the patient continuing with cervical spine pain. Tenderness to palpation was noted. The patient was prescribed Neurontin, Norco, and Flexeril. Clinical note dated 11/12/12 detailed the patient rating his neck pain as 5-6/10. No significant changes were noted in the drug administration. Clinical note dated 12/17/12 detailed the patient continuing with 4-5/10 pain in the cervical spine.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The clinical documentation provided for review notes the patient complaining of cervical spine pain after lifting. Inconsistencies with the drug administration are noted in that a theft was noted out of the truck of the patient including all pain medications. Additionally, the patient demonstrated inconsistent findings regarding a recent urine drug screen. Given the inconsistent findings demonstrated on urine drug screen, and taking into account the claim of stolen pain medications, the request for prescription medications is non-certified. As such, it is the opinion of the reviewer that the requested Prescription Medications were not medically necessary.

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)