

True Decisions Inc.

An Independent Review Organization
2002 Guadalupe St, Ste A PMB 315
Austin, TX 78705
Phone: (512) 879-6332
Fax: (214) 594-8608
Email: rm@truedecisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jan/17/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Norco 10/325 +3R

Celebrex 200mg +3RF

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

PM&R and 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Request for IRO 01/01/13

Receipt of request for IRO 01/03/13

Utilization review determination 10/25/12

Utilization review determination 12/07/12

Clinical records Dr. 08/22/03-12/18/12

Required medical examination 04/05/04

Radiographic report thoracic spine 08/16/05

Radiographic report lumbar spine 08/16/05

MRI lumbar spine 08/16/05

Clinical records Dr. 12/29/06-12/05/12

Urine drug screen 08/16/07

Radiographic report thoracic spine 01/10/08

Radiographic report lumbar spine 01/10/08
MRI lumbar spine 01/10/08
Peer review 09/03/08
Urine tox screen 12/11/08
Peer review 11/26/10
Emergency department records 12/16/10
MRI lumbar spine 01/25/11
Peer review 03/11/11
Urine drug screen 09/19/12
Carrier submission 01/09/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was reported to have sustained injuries to his low back on xx/xx/xx. The records indicated that the claimant was under the care of Dr. from 2004 through the present. The records indicated that the claimant had a failed back surgery syndrome and he was noted to be status post redo microdiscectomy at L5-S1 secondary to adhesions and had chronic back pain with radiation into the lower extremity. Treatment included oral medications and physical therapy and interventional procedures which included facet injections and epidural steroid injections and the records indicated that the claimant was chronically on opiate medications and had been on Norco 7.5mg from 06/14/04 forward and Celebrex 200mg BID since 12/15/04. The records indicated that his symptoms waxed and waned.

The record included a required medical examination performed by Dr. on 12/29/06. The claimant was reported to have sustained an injury as a result of a slip and fall. MRI showed a large extruded disc fragment at L5-S1 with compression of the left S1 nerve root. He underwent laminectomy. He remained symptomatic and subsequently underwent a revision surgery in 06/99 with continued complaints of pain post-operatively. It was reported that in 2000 he later was seen by Dr. and underwent a fusion at this level. The claimant is disabled and is followed by Dr. for medication management. The claimant reports that his medications do not help at all. He reports getting occasional pain control after increasing Norco to 10mg every 6 hours. He reports chronic 10/10 pain. Dr. subsequently recommends continued use of an opiate medication, although the effectiveness is vague. Dr. recommends against the continued use of muscle relaxers and anti-inflammatories. The record contains a few urine drug screenings which were reported as consistent with the claimant's medication profile.

The record contains a peer review dated 09/03/08 in which the evaluator recommends maintenance and Lyrica for neuropathic pain. He notes that the claimant has been maintained on Hydrocodone which has not really seemed to be effective. This medication would be reasonable to continue if not to exceed 4 tablets per day.

The record contains a peer review dated 11/26/10. At this time, the evaluator supports the use of Norco up to 4 times per day and notes that the use of Celebrex would seem appropriate but can be switched to Ibuprofen.

The record contains a MRI dated 01/25/11. This study reports a superior endplate compression fracture at the L3 level with approximately 70% loss of height. There were degenerative changes at L5-S1. The record contains a peer review dated 03/11/11 in which the evaluator notes that the previously reviewed medications continue to be reasonable and appropriate for the long-term, long-standing injury. The most recent urine toxicology screening was performed on 09/19/12 and was consistent with the claimant's medication profile.

The record includes a RME by Dr. performed on 12/05/12. Dr. finds that the claimant's treatment has been reasonable and medically necessary and that the claimant meets criteria for ongoing pain management. She subsequently supports the continued use of Norco 10/325mg and Celebrex 200mg.

The record includes a carrier submission which contains the ODG guidelines and prior utilization review determinations.

The initial review was performed by Dr. on 10/25/12. A review of his determination notes that an apparent minimal amount of clinical documentation was submitted which consisted of the most recent clinical note dated 10/22/12. There were a total of 3 pages submitted for review. Dr. non-certified the request noting that ODG supports the use of Celebrex for short-term relief of an acute exacerbation of pain. He notes that the record does not provide what functional improvements or subjective pain relief has been obtained with the chronic use of Norco and Celebrex. He further indicates that brand-name medications would not be indicated over generic ones.

The subsequent appeal request was performed on 12/07/12 by Dr.. A review of this determination notes that 19 pages were submitted for review. This consisted of clinical notes from 03/19/12 – 09/18/12. A peer-to-peer was conducted with Dr. who reported that the medication allows the claimant to function at home. It is noted that the claimant is not currently working and receives disability benefits. Dr. subsequently non-certifies the appeal request.

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

The request for Norco 10/325mg with 3 refills and Celebrex 200mg with 3 refills is recommended as medically necessary and the prior utilization review determinations are overturned. The submitted clinical records indicate that the claimant is a male with failed back surgery syndrome. The claimant has chronic low back pain with radiation to the left lower extremity. The submitted clinical records indicate that the claimant has been maintained on these medications since at least 2004. Further, the records indicate that the claimant receives benefit and increased functional activity as a result of the use of these medications. It is noted that the claimant does undergo periodic urine drug screening for compliance. It would be recommended that these studies occur more frequently. The claimant has undergone numerous required medical examinations and peer reviews with consensus from the reviewers that the claimant has post-laminectomy syndrome and continued use of opiates and anti-inflammatories is indicated. Therefore, based upon the extensive documentation submitted, these requests are medically necessary, appropriate, and consistent with the Official Disability Guidelines. It is the opinion of this reviewer that these medications are medically necessary to treat the sequelae of the claimant's workplace injury.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES