

SENT VIA EMAIL OR FAX ON  
Apr/04/2014

# Independent Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Apr/07/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Hydrocod / IBU Tab 10-200mg

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

Board Certified Family Practice

**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:**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained an injury on xx/xx/xx when he fell. The patient is noted to have had multiple prior cervical fusion procedures in 1997, 2000, and in 2013. The patient was being provided Hydrocodone and Ibuprofen for continuing chronic neck pain. Per the letter on 02/24/14, the patient had side effects from Acetaminophen and could only tolerate the Hydrocodone/Ibuprofen formulation. did indicate that the patient had improvement in pain with this medication. No other clinical records were available for review for this patient.

Hydrocodone/Ibuprofen 10/200mg was denied by utilization review on 02/21/14 as there were minimal records to substantiate the continued use of the medication and no indication that the patient failed other medications for pain.

The request was again denied by utilization review on 02/27/14 as there was minimal documentation regarding the medication's efficacy or indications that the patient had failed other lines of treatment.

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

The patient has been followed for continuing neck pain following multiple cervical fusion procedures. prescribed the patient Hydrocodone in June of 2013 for pain. The patient was noted to have requested more narcotic medications for pain control in December of 2013. No further follow up after this visit was available for review identifying to what extent this had improved the patient's overall pain level. The letter in February of 2014 reported that the patient was receiving benefit; however, no specifics regarding the duration or efficacy of Hydrocodone were provided. There was also no prior documentation regarding compliance testing such as toxicology results or any long term opioid risk assessments which would be indicated for this medication per guidelines. Given the absence of any additional assessments for the patient after December of 2013, it is this reviewer's opinion that medical necessity for this medication is not established and the prior denials are upheld.

**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**