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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 12/20/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Tramadol 50 mg #180 and Hydrocodone/APAP 10-325mg #120.

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

The reviewer is a Medical Doctor who is board certified in Internal Medicine. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of Tramadol 50 mg #180 and Hydrocodone/APAP 10-325mg #120.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed: chart cover sheet, and office notes 11/14/12 to 12/16/13.

list of visited doctors report, 9/4/13 note, 12/6/13 denial letter, 11/8/13 denial letter, peer to peer request script,

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who suffered an injury on xx/xx/xx. He has chronic low back pain with left lower extremity radiculopathy. The pain is due to lumbosacral spondylosis. He has been treated with tramadol 50 mg and hydrocodone/acetaminophen 10/325, as well as gabapentin, Cymbalta, and Celebrex. The claimant was treated in the past with oxycodone and Vicoprofen. He is followed regularly by a pain specialist.

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

Tramadol has FDA approval for moderate to severe chronic pain in patients requiring around-the-clock treatment for an extended period of time. The requested dosing, which totals 300 mg daily, is within FDA–approved dosing (up to 400 mg daily). Official Disability Guidelines state that tramadol is recommended as an option for treatment of chronic pain, which the claimant has. Official Disability Guidelines state that hydrocodone/acetaminophen is indicated for moderately to moderately severe pain, which the claimant has. The dosing of the medication, up to 4 times daily, is within FDA–approved dosing guidelines.

The claimant has been compliant with pain management follow-up in that there is no evidence of narcotic abuse. He has achieved an acceptable degree of pain control on this regimen based on frequent visits with a pain specialist and trial of numerous other analgesics. There is no contraindication to concurrent use of tramadol and hydrocodone/acetaminophen. Thus tramadol 50 mg, #180, and hydrocodone/APAP 10/325, #120 are medically necessary.

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)
Physicians' Desk Reference, 2013 edition
Micromedex
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)