

RYCO MedReview

Notice of Independent Review Decision

DATE OF REVIEW: 12/31/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Norco 10 mg/325 mg. tablets, one tablet every four to six hours disp 120, Lyrica 75 mg., one b.i.d., Kadian 60 mg. one tablet q12 hours, and Soma 350 mg. one tablet b.i.d. disp 60

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

Board Certified in Orthopedic Surgery

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.

Norco 10 mg/325 mg. tablets, one tablet every four to six hours disp 120, Lyrica 75 mg., one b.i.d., and Kadian 60 mg. one tablet q12 hours - Overturned

Soma 350 mg. one tablet b.i.d. disp 60 – Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An evaluation with, D.C. dated xx/xx/xx

Evaluations with an unknown provider (no name or signature was available) dated, 04/10/02, 04/12/02, 04/18/02, 04/23/02, 04/26/02, 05/02/02, 05/03/02, 05/08/02, 05/13/02, 05/21/02, 12/16/02, 01/03/03, 03/17/03, 08/06/03, and 12/29/03

An evaluation with another unknown provider (signature was illegible) dated 04/16/02

An MRI of the lumbar spine interpreted by, M.D. dated 05/01/02

A TWCC-73 form from Dr. dated 10/22/02

An emergency room report from Dr. (no credentials were listed) dated 11/18/02

TWCC-69 forms from, M.D. dated 12/09/02 and 06/24/03

TWCC-73 forms from, M.D. dated 05/27/03, 10/13/04, 11/08/04, 12/13/04, 01/24/05, 03/31/05, and 04/28/05

Evaluations with, P.A.-C. for, M.D. dated 07/23/03, 09/22/03, 10/02/03, 10/14/03, 10/29/03, 11/05/03, 11/25/03, 12/02/03, 12/16/03, 01/13/04, 02/11/04, 03/18/04, 04/21/04, 05/05/04, 06/02/04, 06/16/04, 06/30/04, 07/21/04, 08/30/04, 09/20/04, and 10/11/04

Questionnaire dated 08/06/03

Evaluations with, M.D. dated 08/12/03, 09/23/03, 10/15/03, 12/09/03, 06/01/04, and 08/24/04

Recovery room notes from Dr. dated 09/17/03 and 08/04/04

Procedure notes from Dr. dated 09/17/03 and 08/04/04

CT scans of the lumbar spine interpreted by, M.D. dated 10/01/03 and 08/20/04

EMG/NCV studies interpreted by Dr. dated 11/01/03 and 08/12/04

A lumbar discogram CT scan interpreted by, M.D. dated 11/25/03

A medication administration record from an unknown nurse (signature was illegible) dated 11/25/03

An observation room record from the unknown nurse dated 11/25/03

Evaluations with, P.A.-C. for Dr. dated 01/06/04 and 01/21/04

An operative report from Dr. dated 01/08/04

X-rays of the lumbar spine interpreted by, M.D. dated 01/08/04

Nursing assessments from, R.N. dated 01/10/04 and 01/11/04

A bill from Spine dated 01/29/04

Physical therapy with, P.T. dated 06/21/04, 06/22/04, 06/23/04, 06/24/04, 06/25/04, 06/29/04, 07/01/04, 07/02/04, and 07/08/04

A therapy evaluation with, M.P.T. dated 07/22/04

Physical therapy with Ms. dated 07/23/04, 07/26/04, 07/27/04, 07/28/04, 07/29/04, 07/30/04, 08/02/04, and 08/03/04

Evaluations with Dr. dated 08/02/04, 08/10/04, 08/23/04, 10/04/04, 11/01/04, 12/09/04, 12/29/04, 01/20/05, 02/09/05, 02/17/05, 03/01/05, 03/16/05, and 03/30/05

Designated Doctor Evaluations with, M.D. dated 08/09/04 and 10/01/04

Evaluations with Dr. dated 09/13/04, 10/13/04, 11/08/04, 11/16/04, 12/13/04, 01/24/05, 03/31/05, and 04/28/05

A lumbar myelogram CT scan interpreted by, M.D. dated 10/07/04
TWCC-73 forms from Dr. dated 10/11/04, 11/01/04, 12/29/04, 01/20/05, 02/09/05, 02/17/05, 03/01/05, 03/16/05, and 03/30/05
Impairment rating reviews from, M.D. dated 10/15/04 and 06/26/05
An evaluation with, M.D. dated 11/03/04
X-rays of the chest interpreted by Dr. (no credentials were listed) dated 11/03/04
Laboratory studies dated 11/03/04
A pathology report interpreted by an unknown provider (no name or signature was available) dated 11/03/04
A letter from Dr. dated 11/04/04
An operative report from, M.D. and Dr. dated 11/12/04
Lumbar and chest x-rays interpreted by Dr. and Dr. (no credentials were listed) dated 11/12/04
An operating room supply charge record from Dr. dated 11/12/04
Lumbar x-rays interpreted by Dr. (no credentials were listed) dated 11/15/04
An undated letter from, Account Specialist for Dr., dated 11/12/04
An evaluation with, P.A.-C. for Dr. dated 12/01/04
Evaluations with, M.D. dated 01/25/05, 08/18/05, and 09/08/06
X-rays of the lumbar spine interpreted by, M.D. dated 03/21/05
A letter from, Billing Manager for Healthcare, dated 03/28/05
Daily treatments notes from, P.T. dated 04/05/05, 04/12/05, 04/14/05, 04/15/05, 04/18/05, 04/21/05, 04/22/05, 04/26/05, 04/27/05, 05/06/05, 05/10/05, 05/11/05, 05/12/05, 05/17/05, 05/18/05, 05/19/05, 05/20/05, 05/24/05, 05/27/05, 05/31/05, 06/01/05, 06/08/05, 06/10/05, 06/14/05, 06/16/05, 06/21/05, 06/22/05, 06/27/05, 06/29/05, 07/01/05, 07/06/05, 07/07/05, 07/12/05, 07/19/05, 07/26/05, and 07/28/05
A letter from Dr. dated 04/28/05
A prescription from, M.D. dated 05/05/05
An evaluation with Dr. dated 05/19/05
An evaluation with Ms. dated 05/25/05
Evaluations with, M.D. dated 06/16/05, 07/27/05, 08/19/05, 10/04/05, and 11/28/05
TWCC-73 forms from Dr. dated 06/18/05, 07/27/05, 10/04/05, and 11/28/05
Evaluations with, M.D. dated 10/25/05, 11/22/05, 02/15/06, 03/14/06, 05/09/06, 07/18/06, 08/14/06, 09/05/06, 12/05/06, 02/20/07, and 04/17/07
A letter of rebuttal from Dr. dated 12/13/05
Evaluations with, D.O. dated 12/29/05 and 06/13/06
Therapy orders from Dr. dated 04/11/06
A physical therapy evaluation with, P.T. dated 05/08/06
Physical therapy with Mr. dated 05/08/06, 06/13/06, and 06/15/06
An evaluation with, M.D. dated 07/07/06
X-rays of the lumbosacral spine interpreted by Dr. dated 07/28/06
Evaluations with, F.N.P. dated 08/01/06, 08/29/06, 10/10/06, 11/07/06, 01/02/07, 01/23/07, 03/06/07, 03/20/07, 05/15/07, 06/07/07, 07/10/07, 08/07/07, 09/04/07, 10/02/07, 10/30/07, 11/12/07, 11/27/07, and 12/17/07
A DWC-73 form from Dr. dated 09/08/06

A supplemental report from Dr. dated 09/29/06
A DWC-73 form from Dr. dated 02/20/07
A letter of medical necessity from Dr. dated 02/20/07
An MRI of the lumbar spine interpreted by, M.D. dated 06/28/07
A Required Medical Evaluation (RME) with, M.D. dated 07/06/07
A DWC-73 form from Dr. dated 07/06/07
An undated letter of appeal from, C.M.A.
An Adjuster Individual Patient Activity report dated 10/02/07
A letter of non-certification, according to the ODG Guidelines, from , D.O. at dated 11/02/07
A letter of non-certification, according to the ODG Guidelines, from, M.D. at dated 12/03/07
The ODG Guidelines were provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

Chiropractic treatment was performed with the unknown provider on xx/xx/xx. An MRI of the lumbar spine interpreted by Dr. on 05/01/02 revealed disc bulging from L3 through S1. On 12/09/02 and 06/24/03, Dr. felt the claimant was not at Maximum Medical Improvement (MMI). A lumbar epidural steroid injection (ESI) was performed by Dr. on 09/17/03. A CT scan of the lumbar spine interpreted by Dr. on 10/01/03 revealed no solid fusion at L5-S1 and mild disc bulges at L3-L4 and L4-L5. An EMG/NCV study interpreted by Dr. on 11/01/03 revealed bilateral L5 and right S1 radiculopathy. A lumbar discogram interpreted by Dr. on 11/25/03 revealed a mild fissure at L3-L4, a grade I fissure at L4-L5, and incomplete fusion at L5-S1. On 01/08/04, Dr. removed the lumbar hardware at L5-S1 and performed further surgery at L4-L5. Physical therapy was performed with Ms. from 06/21/04 through 07/08/04 for a total of nine sessions. Physical therapy was performed with Ms. from 07/23/04 through 08/02/04 for a total of eight sessions. A left SI joint injection was performed by Dr. on 08/04/04. On 08/09/04, Dr. felt the claimant was not at MMI. An EMG/NCV study interpreted by Dr. on 08/12/04 revealed right L5 and S1 and left L4 through S1 radiculopathy. A CT scan of the lumbar spine interpreted by an unknown provider on 08/20/04 was unremarkable. On 10/01/04, Dr. placed the claimant at statutory MMI as of 04/07/04 with a 20% whole person impairment rating. A lumbar myelogram CT scan interpreted by Dr. on 10/07/04 revealed no solid fusion at L4-L5 and L5-S1. Surgery was performed by Dr. and Dr. on 11/12/04. X-rays of the lumbar spine interpreted by Dr. on 03/21/05 were unremarkable. Physical therapy was performed with Ms. from 04/05/05 through 07/28/05 for a total of 36 sessions. On 08/18/05, Dr. felt the claimant had some symptom magnification and recommended x-rays and a CT scan. On 11/22/05, Dr. recommended pain management with Norco, Flexeril, and Trazodone. On 12/13/05, Dr. wrote a rebuttal letter for continued medications. Physical therapy was performed with Mr. on 06/07/06 and 06/15/06. On 07/18/06, Dr. recommended Duragesic patches, lumbar x-rays, and an MRI. X-rays of the lumbar spine interpreted by Dr. on 07/28/06 were unremarkable. On 09/08/06,

Dr. recommended continued Kadian, Norco, Trazodone, and possible sedentary work duty. On 02/20/07, Dr. wrote a letter of medical necessity for off work status. On 05/15/07, Mr. recommended an MRI, an ESI, and he prescribed Norco and Kadian. An MRI of the lumbar spine interpreted by Dr. on 06/28/07 revealed severe signal loss and severe limitations of the central spinal canal. On 07/06/07, Dr. recommended a return to light work duty. Mr. prescribed Viagra, Norco, Soma, and Kadian on 09/04/07. On 11/02/07, Dr. wrote a letter of non-authorization for Soma, Norco, Lyrica, and Kadian. On 12/03/07, Dr. also wrote a letter of non-certification for the medications. On 12/17/07, Mr. recommended a lumbar CT scan and MS Contin, Soma, Viagra, Norco, and Lyrica.

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

This patient has been injured since xx/xx/xx. After undergoing passive treatments, he was referred to a surgeon. Unfortunately, he underwent a decompression and interbody fusion that failed to alleviate his pain and this left him with a chronic radiculopathy and axial pain. Over the years, the patient has been treated with various doses of narcotics. The current doses of Norco and Kadian have been approached slowly, by trial and error. Lyrica was added due to radiculopathy. The patient appeared to be reasonably functional on these dosages and medication. The patient is also on Soma. The ODG gives certain criteria for the usage of chronic pain medication. According to the ODG chapter on chronic pain medication, the criteria for the usage of pain medication is to slowly add medications over time, determine the use of the medication, the potential benefits and adverse effects, and use as minimum number of medications necessary. The chapter on narcotics indicates the patient should receive the medications from a single practitioner and that the lowest possible dose should be prescribed. In the office, a practitioner must review and document in an ongoing fashion the pain relief, functional status, and appropriate medication use, as well as side effects.

In my review of the medical records, it appears that Dr. has done those things. I believe the usage of the Norco and Kadian are appropriate for the use as pain medications and the Lyrica is appropriate for the radiculopathy. However, the ODG does not endorse the usage of Soma over the long term. The significant literature also indicates that the usage of the medication such as Soma has beneficial effect for a very short time, usually measured in weeks rather than months or years. I do not believe the Soma is reasonable or necessary and believe the patient should be weaned from the Soma. In summary, as a board certified orthopedic surgeon specializing in spinal diseases, after reviewing the enclosed medical records and the ODG, I find the Lyrica, Kadian, and Hydrocodone are reasonable and necessary for the treatment of this patient's chronic pain, but the Soma is not.

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)