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Notice of Independent Review Decision

DATE OF REVIEW: 12-18-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Office visits and medication refills for ruptured discs L5-S1

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

Certified by The American Board of Physical Medicine and Rehabilitation

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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS, CPT, NDC Codes	Service Units	Upheld/ Overturn
		Retrospective	724.4	99213	2	Upheld
		Retrospective	724.4	99213	2	Overturned
		Retrospective	724.4	Carisoprodol	3	Upheld
		Retrospective	724.4	Hydroco/Apap	3	Upheld
		Retrospective	724.4	Gabapentin	3	Upheld

		Retrospective	724.4	Docusate	1	Upheld
		Retrospective	724.4	Stool Softener	1	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Explanation of Reimbursement Invoice Dates: 05-18-07, 06-15-07, 08-20-07
 Invoices dated 05-14-07, 07-11-07, 07-12-07, 9-18-07
 Health Insurance Claim Forms
 Status Reports 05-14-07, 06-11-07,
 07-11-07, 08-13-07
 Physician Review of Medical Records dated 03-8-07
 Physician Progress notes dated 05-14-07, 06-11-07, 07-11-07, 08-13-07
 Official Disability Guidelines (ODG) none provided

PATIENT CLINICAL HISTORY:

According to a physician review of records, the claimant was sitting in a chair, leaning back, and injured her back. She was treated conservatively and really did not demonstrate improvement. It was noted that she was diabetic. Imaging studies showed multiple level degenerative disc disease. There was no evidence of radiculopathy.

Chiropractic intervention was documented and multiple sessions attended without any significant improvement noted. In early 2003, the practitioner reported the claimant had increased pain. It was also noted that claimant has anxiety secondary to being unable to find a job. Over the next several years, multiple providers evaluated the claimant and various interventions attempted including multiple medications. By July 28, 2006, the claimant's condition was unchanged and appeared static. The records showed the claimant was seen by the treating physician on a monthly basis and continued to receive multiple prescribed medications. The progress note of May 14, 2007, indicated the claimant was essentially the same with no change or improvement. The same was noted for the June 11, 2007, follow-up progress note. From the records, the claimant noted that sitting, standing, bending, and lifting all made her pain worse. The symptoms perceived by the claimant were all related to musculoskeletal pain perception. Again, the July 11, 2007, visit did not demonstrate any change to the overall clinical situation. At that time it was suggested that the sacroiliac joints on the right and left be chemically sclerosed.

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

The Reviewer commented that the claimant was on multiple medications and would need follow-up. From the records, the claimant's condition was static. In the opinion of the Reviewer, follow-up should be on a quarterly basis and therefore the visits of May 14 and August 13 are medically indicated.

As noted in the Official Disability Guidelines, "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." With this in mind and taking note of the specific recommendations of the ODG:

- A. Soma, a muscle relaxant medication is not indicated. "Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAID) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Thus at this point, noting the lack of response and the timeframes involved, this would not be indicated as per the ODG.

- B. Hydrocodone is an opioid with a potential for abuse and habituation. As such, periodic screening is necessary. Seeing none, this medication should be discontinued appropriately or evaluation for the continued necessity is warranted. As per the ODG CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids (6-months or more) Re-assess:
 - a) Has the diagnosis changed?
 - b) What other medications is the patient taking? Are they effective, producing side effects?
 - c) What treatments have been attempted since the use of opioids? Have they been effective? For how long?
 - d) Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's

decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using numerical scale or validated instrument.

- e) Document adverse effects: constipation, nausea, vomiting headache, dyspepsia, pruritus, dizziness, fatigue, dry mouth, sweating, hyperalgesia, sexual dysfunction, and sedation.
 - f) Does the patient appear to need psychological consultation? Issues to examine would include interpersonal and work-related relationships.
 - g) Is there indication for a screening instrument for abuse/addiction?
- C. Neurontin (gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It has been given FDA approval for treatment of post-herpetic neuralgia. None of these maladies are present in this case, thus this would be an off-label use of this medication. In that there has not been any improvement or change in condition, the efficacy is non-existent and as such the medication should be discontinued.
- D. Colace is a stool softener. With the elimination of the opioid medications, this will not be 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)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)