

# True Resolutions Inc.

An Independent Review Organization  
835 E. Lamar Blvd. #394  
Arlington, TX 76011  
Fax: 214-276-1904

Notice of Independent Review Decision

**DATE OF REVIEW:** SEPTEMBER 20, 2007

**IRO CASE #:**

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

Celebrex 200 mg #60; Lyrica 150 mg; Zanaflex 6 #90; Fentora 200 mg; Lunesta 3 mg #30; Kadian 30 mg.

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

Board-certified in Internal 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)

Are medically necessary:

- 1. Celebrex
- 2. Lunesta

NOT medically necessary

- 1. Lyrica
- 2. Zanaflex
- 3. Kadian/Fentora

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Dr. June 2006 to August 2007

Dr. May 2007

Dr. December 2006

MRI, May 2005

CT-discogram, February 2007

Denial Letters July 20, 2007 and August 13, 2007

## ODG Guidelines

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant was injured when she was struck by a car. She underwent shoulder surgery, but her current treatment is directed towards the lumbar spine. MRI showed degenerative disc disease, most pronounced at L5-S1. CT-discogram showed annular tears. No pain response or concordance is provided. Current treatment consists of medications. The records do not indicate that any treatment provided has been effective in reducing the claimant's pain.

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

The Reviewer has reviewed the applicable guidelines and the peer-reviewed medical literature concerning medications in the treatment of chronic low back pain.

#### **OVERTURNED**

**Celebrex:** the use of NSAIDs is moderately effective. However, this drug should be used on an as needed basis, as the routine long-term use is associated with significant side effects.

**Lunesta:** this class of medication is not addressed by ODG. However, it is indicated for the treatment of insomnia. The records consistently describe sleep disturbance that is improved with the medication.

#### **UPHELD**

**Lyrica:** *the medical records do not document the presence of neuropathic pain. The use of this medication for chronic low back pain without radiculopathy is not recommended.*

**Zanaflex:** *this medication is recommended in acute cases, but not for chronic back pain.*

**Kadian/Fentora:** *the use of opioids is not recommended for the treatment of chronic low back pain.*

**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)**