

RYCO MedReview

Notice of Independent Review Decision

DATE OF REVIEW: 04/29/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

OxyContin 40 mg. 1 PO QID quantity of 90 day supply, Oxy IR 5 mg. 1-2 PO up to a maximum of QID as needed for breakthrough pain quantity of 90 day supply, Medrol Dosepak quantity of 2 packs, Neurontin 300 mg. 1 PO BID quantity of 90 day supply, Mobic 15 mg. on PO BID quantity of 90 day supply, Effexor 150 mg. PO one BID quantity of 90 day supply, and Rozarem 8 mg. PO qHS quantity of 90 day supply

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

Board Certified in Anesthesiology
Fellowship Trained In Pain Management
Added Qualifications in Pain 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)

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.

OxyContin 40 mg. 1 PO QID quantity of 90 day supply, Oxy IR 5 mg. 1-2 PO up to a maximum of QID as needed for breakthrough pain quantity of 90 day supply, Medrol Dosepak quantity of 2 packs, Neurontin 300 mg. 1 PO BID quantity of 90 day supply, Mobic 15 mg. on PO BID quantity of 90 day supply, Effexor 150 mg. PO one BID quantity of 90 day supply, and Rozarem 8 mg. PO qHS quantity of 90 day supply - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient allegedly injured her low back sometime in xxxx by merely stepping into a hole in the ground. She had a previous low back injury in xxxx for which she had already undergone multilevel lumbar IDET procedures as well as spinal cord stimulator implantation. A lumbar MRI interpreted by Dr. on xx/xx/xx demonstrated only annular bulges at L4-L5 and L5-S1 with no disc herniations or spinal cord or nerve root compromise. A spinal cord stimulator was noted. The patient then began treatment with Dr. who, over the course of the next seven plus years, performed multiple Botox injections, epidural steroid injections (ESIs), SI joint injections, IDET procedures, laser discectomies, facet joint injections, facet rhizotomies, SI joint rhizotomies, and spinal cord stimulator revision and replacement surgeries. Since at least March of 2003, the patient was being treated with OxyContin, Oxy IR, Effexor, Klonopin, and Bextra. A listing of all of the incredibly numerous treatments performed

by Dr., is included in a Designated Doctor Evaluation performed on 02/05/08 by Dr.. Dr. stated that the treatment provided by Dr. was “excessive and should have ended a long time ago.” He recommended “no further treatment” for the patient’s subjective complaints as related to the work injury of xx/xx/xx. Additionally, several other independent evaluations and Designated Doctor reports have been performed over the clinical course of this patient’s treatment; all of which have also recommended cessation of treatment, documenting ongoing unchanged subjective pain complaints. Additionally, no objective imaging studies have demonstrated the presence of any lumbar spine pathology involving any structures of the lumbar spine that would otherwise support the patient’s ongoing subjective complaints despite incredibly excessive amounts of treatment. On 03/01/05, a Designated Doctor Evaluation by Dr. echoed previous opinions of excessive treatment and excessive medication and stated the patient’s injury “should have resolved within six months of the event.” In his physical examination on 02/05/08, Dr. documented an extreme paucity of physical examination findings. He specifically documented no tenderness to palpation or axial compression of any structures in or around the lumbar spine. He documented an entirely negative neurological examination with negative straight leg raising, normal sensation, normal strength, and normal reflexes. He documented that symptom magnification was present and the patient’s complaint of constipation secondary to the medications she was taking which were listed as OxyContin, Mobic, Zanaflex, Effexor, Neurontin, and Oxy-IR. Since that Designated Doctor Evaluation, Dr. has continued to prescribe OxyContin 40 mg. four times daily, Oxy-IR 5-10 mg. four times daily, Medrol Dosepaks, Neurontin 300 mg. b.i.d., Mobic 15 mg. b.i.d., Effexor 150 mg. b.i.d., and Rozerem 8 mg. at night. He has documented no change in the patient’s pain complaint or pain level or any change in the patient’s functional status or physical examination. In fact, despite years of treatment and medication prescribing, since at least for the last five years, Dr. has continually documented an unchanged level of pain, unchanged pain complaint, and no change whatsoever in the patient’s functional status. Two separate physician advisors have reviewed the request for continuation of these medications, both of who have independently recommended discontinuation and non-authorization of all of the medications being prescribed. Additionally, for at least the last year, Dr. has continued performing multiple neurodestructive procedures involving the nerves of the lumbar facet joints while the patient has been taking all these medications and documented no change in her pain complaint, pain level, or functional status over that period of time.

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

Despite this patient being on virtually the same medications for at least the last five years, and certainly for at least the last 14 months, there has been no change in her subjective pain complaint, documented pain level, or functional status. Additionally, despite Dr. unsupportable assertions of the patient obtaining pain relief with the use of these medications, he has continually kept performing intrarticular facet and sacroiliac joint injections, multiple revision surgeries of the patient’s spinal cord stimulator (initially implanted even before the minor

lumbosacral strain event of xx/xxxx) and multiple neurodestructive procedures cauterizing the lumbar facet joint nerves. There can be no justification for such excessive amounts of treatment if, in fact, the patient was obtaining significant clinical benefit from the medications Dr. was simultaneously prescribing. Therefore, the only logical conclusion that can be reached is that either the medications were not providing the patient with any significant benefit or that Dr. was performing medically unnecessary procedures. Given the lack of any significant change in the patient's functional status, pain level, or pain complaints, it is abundantly clear that the medications were not providing her any significant clinical benefit or relief. Therefore, on that basis, alone, the continuation of all of these medications is not medically reasonable or necessary.

Additionally, given the minimal lumbosacral strain event that allegedly occurred in this work injury (stepping in a hole), there is absolutely no justification whatsoever for the incredibly excessive amount of medication he has continually prescribed despite lack of benefit. Therefore, not only because these medications have been clearly ineffective, their use is clearly not medically reasonable or necessary to treat a minor lumbosacral strain. The patient also complains of significant side effects with the use of these medications, which is entirely unjustifiable given the lack of their clinical benefit.

Finally, these medications are being prescribed at incorrect and excessive doses. OxyContin is indicated for two and, at most, three times per day dosing, not four times per day. Medrol Dosepaks should never be prescribed unsupervised and in multiple sets as there are reports in the medical literature of the development of a vascular necrosis of the hips from such use of Medrol Dosepaks. Mobic is also not indicated as a b.i.d. drug or at a daily dose of 30 mg. The patient has absolutely no valid medical evidence to support a diagnosis of depression, which would otherwise support the use of Effexor, much less the incredibly large dose of Effexor being given (300 mg. per day). Effexor has no indications for treatment of chronic pain. The patient similarly has no valid medical diagnosis of a sleep disorder that would require the use of Rozerem on a nightly basis. Essentially, this patient has multiple subjective pain complaints without any objective evidence of damage, injury, harm or pathology to support them, much less any mechanism of injury to justify either the complaints or the incredibly excessive amounts of treatment or medications she has received over the last almost eight years. Therefore, for all of the reasons described above, as well as per ODG treatment guidelines and Texas Medical Board Guidelines regarding the long term use of opiates for treatment of chronic pain, there is no medical reason, necessity or justification for the continuation of any of the medications this patient is on. Therefore, the OxyContin 40 mg. 1 PO QID quantity of 90 day supply, Oxy IR 5 mg. 1-2 PO up to a maximum of QID as needed for breakthrough pain quantity of 90 day supply, Medrol Dosepak quantity of 2 packs, Neurontin 300 mg. 1 PO BID quantity of 90 day supply, Mobic 15 mg. on PO BID quantity of 90 day supply, Effexor 150 mg. PO one BID quantity of 90 day supply, and Rozarem 8 mg. PO qHS quantity of 90 day supply are all

medically unreasonable, unnecessary, and unjustified for treatment of any condition related to this patient's original injury. The prior physician advisor recommendations for non-authorization, therefore, are upheld.

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)

**X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

Texas Medical Board Guidelines