



**IRO# 5068 West Plano Parkway Suite 122  
Plano, Texas 75093  
Phone: (972) 931-5100**

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**DATE OF REVIEW: 04.24.08 AMENDED DECISION 05.01.08**

**IRO CASE #:**

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

IRO review to determine concerning the following medications: Darvocet, Lyrica, Nortrydin, Cyclobenzaprine and Tramadol.

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery  
TX DWC ADL

**REVIEW OUTCOME:**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

<b>Health Care Service(s) in Dispute</b>	<b>CPT Codes</b>	<b>Date of Service(s)</b>	<b>Outcome of Independent Review</b>
IRO review to determine concerning the following medications: Darvocet, Lyrica, Nortrydin, Cyclobenzaprine and Tramadol.		-	Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The IRO request is for medications Darvocet, Flexeril, Nortriptylene, Tramadol, and Lyrica.

Brief history:

The patient is female who on xx/xx/xx while sleeping in the sleeper compartment of an 18 wheeler was involved in an MVA. She was jostled around sustaining injuries to her right hip. The right hip pain was followed by low back pain.

Studies:

MRI of the right hip was unremarkable except for unrelated mild arthritis. Lumbar MRI done on 07/21/04 showed L4-5 protrusion and L5S1 disc bulge with recurrent disc material. She had a three level discogram without control disc followed by a three level fusion. She has a solid fusion from L3 to S1 with internal fixation. She has developed a chronic pain syndrome.

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

There is no documentation in the medical records of improved pain levels, improved quality of life, and progress toward goals or increased function. There is no documentation that goals have been discussed with the patient and that progress toward goals, increased function and decreased pain levels are prerequisites for prescription of opioids and other medications. The primary goal of chronic opiate therapy is to increase function and not just pain relief (The Consensus of the American Pain Society).

Lyrica is an anti-convulsant used off label for chronic neuropathic. There is no documentation of radiculopathy or nerve entrapment or neuropathy. There fore, since their indication on this case is unclear, it may be weaned over 2-3 weeks. Flexeril is a muscle relaxant and muscle relaxants are not indicated in chronic pain syndromes (ODG, 4<sup>th</sup> ed., p 823, 2006). No weaning is necessary. Tramadol, Nortriptylene, and Darvocet may be used in a chronic pain syndrome but there has to be documentation of improved pain levels, increased function and progress toward goals.

Review of available medical records does not reveal that any of these criteria has been satisfied. Therefore, based upon the above rationale and peer-reviewed guidelines these medications are not certified.

With regard to opioids, they are not recommended as the primary treatment for chronic musculoskeletal pain. Also, they are not without deleterious effects including but not limited to addiction, depression, insomnia, cognitive impairment, fatigue, decrease testosterone levels, drowsiness, constipation and allodynia. Allodynia is of particular concern because it may be misinterpreted as drug intolerance, leading to unnecessary drug escalation. The sources include Rome, J., etal, 2004; Chronic Non-cancer Pain with Opioid Withdrawal: Mayo Clinic Proceedings, 79(6) 759-768 and Opioid Therapy for Chronic Pain, NEJM, 349:20 1943-53, 2003 and Workers Compensation Board of British Columbia; Evidence based Practice Group, 1/31/03, Opioid Use in Chronic Non-cancer Pain. Moreover, this latter document reviews Canadian and American guidelines and positions. The main thrust is that chronic opiate administration should improve pain AND improve function in measurable form, such as return to work (RTW). However, they conclude they are not the drug of choice for chronic pain. ACOEM Chap 6, pg 115 states "Pain medications are typically not useful in the sub-acute or chronic phases and have been shown to be the most important factor impeding recovery of function in patients referred to pain clinics. This may reflect failure of providers to set up the expectations of improved function as a prerequisite for prescribing them". Therefore, the primary goal of chronic opiate therapy is to increase function and not just pain relief (The Consensus of the American Pain Society). The Criteria for success are: pain relief that increases quality of life improves well being, progress toward goals and improve functional level (NEJM, 349: 1943-1953, 2003). It is important that these parameters be evaluated at the beginning of treatment and periodically during treatment to determine success. Criteria for on-going opioid treatment of chronic pain per ODG 4<sup>th</sup> ed, 2006 is as follows: there must be a clear understanding that opioids will be dispensed contingent upon certain obligations or goals being met by the patient such as return to work. Actions include prescriptions from a single practitioner, on-going review and documentation of pain relief, functional status, appropriate medications and side effects, ongoing effort to gain improvement of social and physical function as a result of pain relief, contract detailing reasons for termination of supply, use of drug screening or inpatient treatment in case of problems, continuing review of overall function with regard to non-opioid means of pain relief.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS  
USED TO MAKE THE DECISION:

ODG:

ODG Online Treatment