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Notice of Independent Review Decision

DATE OF REVIEW: 08/28/08

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Hydrocodone 10/325 mg 8/day-right upper extremity

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

Board Certified in Physical Medicine & Rehabilitation
Board Certified in Pain Management

REVIEW OUTCOME

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

Denial Overturned
Hydrocodone 10/325 mg 8/day is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Medical records Dr. from 1998 thru 2008
2. Medical records Dr. dated 07/10/03 thru 11/06/03
3. Peer review dated 10/10/07
4. Independent Medical Evaluation dated 02/14/08
5. Utilization review determination dated 06/18/08
6. Utilization review determination dated 06/27/08
7. Letter of appeal Sara Friedel dated 08/18/08
8. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a xx year old female who was reported to have sustained an injury to her right upper extremity as a result of a workplace event occurring on xx/xx/xx. The employee is currently under the care of Dr. . The submitted clinical records indicate that on the date of injury the employee fell on her outstretched hand and subsequently

her arm was punctured by a piece of windshield. It was noted that the employee was employed as an insurance trainer. She indicated that her boss pulled the glass out but broke it off. The employee subsequently underwent extensive diagnostic procedures and experienced recurrent infections resulting in a total of fifteen surgical procedures. Postoperatively the employee developed a complex regional pain syndrome and was reported to have significant hypersensitivity to heat and cold, and decreased range of motion of the fingers and her wrist. In part, this was accounted for by partial excision of tendons in some of the surgeries.

The employee has largely been under the care of Dr. since 1998. These records indicate that the employee's pain has largely been controlled by oral medications and that the employee has continued to work.

The employee underwent an Independent Medical Evaluation by Dr. on 02/14/08. Dr. reported the history above. He noted that the employee was employed as a . Her daily job duties included training estimators to inspect damage jobs and vehicles to make sure that they were repaired back to manufacturer's standards. The employee's current complaints were reported to be a burning, stabbing pins and needles pain in her right arm up through her neck. She reported being in constant pain which was aggravated by writing, typing, gripping, grabbing, or temperature changes. Her pain was more severe when the temperature changes or her medication was wearing off. The employee reported her pain over the past 24 hours was 8/10 with her daily average pain level being 7/10. She reported numbness to the tips of her right fingers and did not know how to relieve the numbness. The employee further reported that her right arm, hand, and shoulder had all been weakened by this injury. The employee reported that she continued to work and that her medication use allowed her to do this. Her current medications at that time were Oxycontin 10 mg, Hydrocodone 10 mg 5 a day, Topomax, and Prozac. On physical examination, there was hypothenar atrophy on the right. There was exquisite tenderness to palpation on the right. There was no pain with axial compression or palpation of the cervical or thoracic spine. There was no pain over the shoulder girdle. Grip strength on the right was measured at 2 kg as opposed to 30 kg on the left. Ned palmar girth was 16 cm as compared to 17.5 cm on the right. Maximal forearm was 28 cm when compared to 29 cm on the left. There were temperature changes involving the skin. The right hand and arm were cooler than the left, even though the employee was wearing her neoprene sleeve and took it off for examination. When the sleeve came off, the skin was mottled and clearly a different color than the left. The sleeve was taken off at the beginning of the interview, and this phenomenon persisted throughout the examination. There was extensive scarring. There was significant stiffness and a claw-like appearance to the fingers of the right hand. There was obvious atrophy of the intrinsic muscles of the right hand. The left thumb had decreased circumference when compared to the right thumb by approximately 4 mm. The employee's Beck Depression Inventory score was 14. Her Beck Anxiety Inventory was 5. The employee exhibited no evidence of malingering. The employee's Axis III diagnosis was status post fifteen surgeries to the right upper extremity, neuropathic nociceptive pain in the right upper extremity secondary to multiple surgeries and/or complex regional pain syndrome. Dr. , who is Board Certified in pain management, psychiatry and neurology and a member of the American Society of Addiction Medicine, reported that the employee's Oxycontin was being tapered with an eye towards discontinuation, but had not been discontinued at the time of the evaluation. Dr.

reported that his only difficulty with the treatment plan was that Oxycontin was never discontinued. He opined that the treatment plan was appropriate with the exception of the need to continue Oxycontin. Dr. i recommended random drug specific urine screens to be done approximately once a year; and routine labs should be performed in the primary care's office. He opined that there was no indication for continued use of Oxycontin; however, he found Hydrocodone to be reasonable and medically necessary. The employee has subsequently continued under the care of Dr. On 06/18/08, a request was submitted for Hydrocodone 10/325 mg 8 per day for the employee's right upper extremity. This case was reviewed by Dr. who non-certified the request and reported that based on the clinical information submitted for review, the request was not medically necessary. An appeal was submitted and reviewed on 06/27/08 by Dr. . Dr. non-certified the request. Dr. reported the documentation did not support the effectiveness of Hydrocodone other than the claimant's report of 8/10 pain with medications. There was no quantitative assessment on how they help percentage of relief, how long this relief lasted, or the increase in function or increase in activity. He reported that due to the danger of addiction and withdrawal from them, per **Official Disability Guidelines**, there needed to be a note documenting the effectiveness of all medications for pain.

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

I do not concur with the two previous reviewers and find that continued use of Hydrocodone 10/325 8 per day for right upper extremity neuropathic pain/CRPS to be medically necessary. The available clinical records indicate that the employee sustained an injury to her right upper extremity, which has subsequently led to fifteen surgeries. The employee is left with a chronic regional pain syndrome involving her right upper extremity. The employee has successfully been weaned off Oxycontin and now currently only takes Hydrocodone. It would be noted that the employee underwent an Independent Medical Evaluation by Dr. on 02/14/08. Dr. performed a detailed history, physical examination, and psychiatric examination of the employee. Dr. s records clearly indicate that the employee has significant neuropathic pain in her right upper extremity and has objective findings consistent with chronic regional pain syndrome. This is a very painful condition and narcotic analgesics are required to control the employee's pain levels. It would be noted that the employee's medication management appears to be effective in that the employee continues to work full-time. There is no indication from the current available records that the employee is abusing this medication. Current evidence-based guidelines require that the employee be closely monitored, especially when long-term utilization of an opioid medication is required. Previous physician reviewers have recommended the discontinuation of Oxycontin, which has been completed and was complied with by the employee. Based on this clinical information and Independent Medical Evaluation report, by Dr. who is a member of the American Society for Addiction Medicine, the continued use of Hydrocodone is considered medically necessary and appropriate.

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

1. The **Official Disability Guidelines**, 11th Edition, The Work Loss Data Institute.

2. Laxmaiah Manchikanti, MD, Vijay Singh, MD, David Kloth, MD, Curtis W. Slipman, MD, Joseph F. Jasper, MD, Andrea M. Trescot, MD, Kenneth G. Varley, MD, Sairam L. Atluri, MD, Carlos Giron, MD, Mary Jo Curran, MD, Jose Rivera, MD, A. Ghafoor Baha, MD, Cyrus E. Bakhit, MD and Merrill W. Reuter, MD. American Society of Interventional Pain Physicians Practice Guidelines. *Pain Physician*, Volume 4, Number 1, pp 24-98, 2001.