

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 2/13/2008  
**IRO CASE #:**

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

90862 Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (Soma 350mg, Zantac 150mg, Lunesta 3mg, Actiq 800mg)

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from University of Alabama School of Medicine and completed training in Anesthesiology at University of Maryland, College of Dentistry. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Anesthesiology since 1/1/1983.

**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)

90862 Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (Soma 350mg, Zantac 150mg, Lunesta 3mg, Actiq 800mg) Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Confirmation of receipt dated 1/25/2008
2. IRO request form date unknown
3. Request form dated 1/24/2008
4. Notice of determination by DO, dated 11/12/2007
5. Clinical summary dated 2/13/2008
6. Clinical note by DO, dated 12/17/2007
7. Review summary by DO, dated 12/12/2007
8. Notice dated 1/28/2008
9. Clinical note dated unknown
10. Coversheet dated 12/10/2007
11. Follow up visit dated 7/26/2007 to 12/3/2007, multiple dates
12. Clinical note dated 2/13/2008
13. Clinical note by MD, dated 8/14/2006
14. Clinical note by MD, dated 11/7/2007
15. Coversheet dated 11/7/2007
16. Clinical note by MD, dated 8/14/2006
17. Clinical note by MD, dated 11/7/2007
18. Follow up visit dated 3/19/2007 to 10/18/2007, multiple dates
19. Coversheet dated 1/31/2008
20. Carrier submission dated 1/31/2008
21. Patient activity date unknown

Name: Patient\_Name

22. Clinical note by MD, dated 5/15/2007
23. Narrative note by MD, dated 5/22/2007
24. Updated peer review by MD, dated 8/21/2007
25. Initial clinical visit by MD, date unknown
26. Claimant information dated 8/26/2003
27. Office visit by MD, dated 7/7/2003 to 8/7/2005, multiple dates
28. Required medical examination by MD, dated 4/22/2005
29. Office visit by MD, dated 5/9/2005
30. Follow up visit dated 5/9/2005 to 1/9/2006, multiple dates
31. Work status report dated 4/29/2006
32. Required medical examination by MD, dated 4/5/2006
33. Follow up visit dated 7/6/2006 to 3/19/2007, multiple dates
34. Clinical note by Ph.D, dated 5/19/2007
35. Follow up visit by MD, dated 5/24/2007 to 12/19/2007, multiple dates
36. Notice of assignment, dated 1/28/2008
37. Clinical note dated 1/28/2008
38. Follow up visit dated 12/3/2007
39. Progress note by MD, date unknown
40. Follow up visit by MD, dated 3/19/2007 to 12/19/2007, multiple dates
41. Office visits dated 1/4/2006 to 12/19/2007, multiple dates
42. Patient history date unknown

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The employee is a male who was injured on the job as a. Per notes provided, he injured his mid back and neck. He was diagnosed with displacement of lumbar intervertebral disc without myelopathy and major depressive affective disorder. He had a laminectomy and was diagnosed with post laminectomy syndrome of the lumbar spine. Soma 350mg 1 TID, Zantac 150 mg 1 QID, and Lunesta 3mg 1 QHS, Actiq 800mg 1 QD were requested and denied.

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

The Official Disability Guidelines (ODG) state that Soma is "Not recommended over cyclobenzaprine, another skeletal muscle relaxant." It does not prohibit the use of Soma, particularly for short term use and proper monitoring. However, this is no longer an acute condition. The injured worker has been tried on Soma and does not seem to be improving with this medication. In view of the lack of progress, and in consideration of the ODG Guidelines, there is no reason to continue this drug.

Zantac was prescribed for the patient's history of "gastritis". However, this is not related to his work injury based upon the information provided and would not be medically necessary on an industrial basis.

With respect to Lunesta, this is for short term use on an as needed basis. The employee's history of depression is a concern when taking this drug. Insomnia does not seem to be a major issue based upon the information provided and there are many other choices available.

Actiq is FDA approved for cancer pain and is not recommended for low back pain and other painful conditions at this time. Actiq is not medically indicated for this injured worker.

The pharmacologic management including Soma 350mg, Zantac 150mg, Lunesta 3mg, and Actiq 800mg is not medically necessary for this injured worker. Therefore, the previous denial is upheld. This recommendation is made in accordance with the ODG.

**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

Name: Patient\_Name

- 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)

Toth PP, Urtis J. Commonly used muscle relaxant therapies for acute low back pain: a review of carisoprodol, cyclobenzaprine hydrochloride, and metaxalone. Clin Ther. 2004 Sep;26(9):1355-67.