

# True Decisions Inc.

An Independent Review Organization  
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Notice of Independent Review Decision

**DATE OF REVIEW:** 02/26/2008

**IRO CASE #:**

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

Lidoderm 5% patches 1-3 q. 12 hours on/12 hours off #30 patches, Kadian 60 mg 1 b.i.d. #60 tablets, Robaxin 750 mg 1 t.i.d. #90 tablets, Mobic 15 mg 1 q. day #30 tablets, Ultram ER 100 mg 1 t.i.d. p.r.n. breakthrough pain #90 tablets. All of these refills are requested for six months.

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists

**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)

Ultram ER 100 mg 1 t.i.d. p.r.n. breakthrough pain #90 tablets is NOT medically necessary.

Lidoderm 5% patches 1-3 q. 12 hours on/12 hours off #30 patches, Kadian 60 mg 1 b.i.d. #60 tablets, Robaxin 750 mg 1 t.i.d. #90 tablets, and Mobic 15 mg 1 q. day #30 tablets are medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines  
Letter from 2/22/08  
Medical Records from 1/07 thru 1/08  
Letters from 10/26/07 and 7/24/07  
Denial Letters 2/5/08 and  
Medical Records from 6/06 thru 1/07  
4/06

Report 4/25/06 thru 5/17/06  
Institute 11/8/06

**PATIENT CLINICAL HISTORY (SUMMARY):**

This patient was injured on xx/xx/xx after falling off of a 30-foot building. The patient has since been suffering from pain in the pelvic area, right upper extremity and low back. The patient has a history of IV drug abuse and depression. Per the office visit note dated 02/15/08, this patient continues to work full-time with the help of his current medications which are listed above.

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

Per the *Official Disability Guidelines*, Lidoderm patch, Kadian, Robaxin and Mobic seem to be used appropriately in this patient. The Reviewer would warn against possible issues with the use of Kadian in a patient with a history of IV drug use. There are statements in many of the notes indicating that the patient has been “compliant with his medications and there have not been any issues.” However, no detail is provided as to how the patient is being compliant. The Reviewer is referring to the “4 A’s” which are not mentioned. Specifically, this stands for monitoring the patient for analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Per the notes, the patient is supposedly able to receive significant pain relief and thus able to work full-time and perform his activities of daily living. However, there is no mention of aberrant behaviors. It also does not appear that any urine drug screening is taking place. Despite this, to the best of the physician’s ability it appears that the patient is not having any issues with misuse or abuse. Therefore, per the *Official Disability Guidelines*, Kadian at six-month refills is appropriate. The other medications including Lidoderm patch, Robaxin, and Mobic are also appropriate per the *Official Disability Guidelines*. The only issue is Ultram ER. This is being prescribed up to 3 tablets “as needed” which is not an appropriate use of Ultram ER. Therefore, the use of Ultram ER as an “as-needed medication” is not indicated. Therefore, the only medication that the Reviewer does not think is appropriate is Ultram ER. Lidoderm patch, Kadian, Robaxin and Mobic are appropriate.

**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)