

I-Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 28, 2008

AMENDED JANUARY 31, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity for the medications Darvocet and Baclofen.

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

M.D., Board Certified Orthopedic Surgeon

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.

PRN use of Darvocet would not be an unreasonable compromise although the indications for its chronic use are certainly not striking. Some individuals with chronic musculoskeletal complaints require low dose use of narcotic pain medications and this may be a reasonable compromise in this setting. The reviewer finds that medical necessity exists for Darvocet and the previous adverse determination should be overturned.

There is no indication, in the reviewer's opinion, for continued use of Baclofen. The current dosing appears to be subtherapeutic and inconsistent. In the absence of documentation of recurrent muscle spasm, it is unclear as to the medical necessity in this particular setting. As such, the reviewer does not see compelling indications that

Baclofen is reasonable or medically necessary, and believes that the previous adverse determination should be upheld.

<i>Injury Date</i>	<i>Claim number</i>	<i>Type of Review</i>	<i>Begin Date</i>	<i>End Date</i>	<i>ICD-9/DSMV</i>	<i>HCPCS/NDC</i>	<i>Amount billed</i>	<i>Upheld Overturn</i>
		<i>Retro</i>	<i>11/27/07</i>	<i>11/27/07</i>	<i>CERVICA</i>	<i>BACLOFEN</i>	<i>\$18.69</i>	<i>Upheld</i>
		<i>Retro</i>	<i>12/3/07</i>	<i>12/3/07</i>	<i>CERVICA</i>	<i>PROPOXYNAP AP</i>	<i>\$13.49</i>	<i>Overturn</i>

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Activity Status Report, 09/29/99
Office Notes, Dr. ,09/29/99, 11/26/01, 12/19/01
Office Notes, Dr., 09/30/99, 10/14/99, 10/26/99, 11/09/99, 11/23/99, 12/09/99, 01/10/01, 01/25/00, 02/08/00, 03/07/00, 01/04/01, 01/18/01
Therapy Notes, 10/04/99, 01/04/00, 01/05/00, 01/07/00, 01/10/00, 01/12/00, 01/13/00, 01/18/00, 01/19/00, 01/20/00, 01/24/00, 01/26/00, 01/24/00, 05/14/01, 05/18/01, 05/25/01, 06/04/01, 06/08/01, 06/13/01, 06/18/01
MRI Reports, 10/20/99, 01/10/01
Radiology Report, 10/20/99
Work Status Reports, 10/26/99, 11/09/99, 11/23/99, 12/09/99, 01/10/00, 01/25/00, 02/08/00, 03/07/00, 08/22/00, 12/13/00, 01/04/01, 03/05/01, 10/14/04, 11/26/04, 11/26/01, 12/04/01, 01/10/02, 01/24/02, 04/16/02, 06/25/02, 07/16/02, 08/06/02, 11/07/02, 03/06/03, 07/10/03, 10/14/03, 04/13/04, 10/14/04, 04/12/05, 10/10/05, 04/11/06, 10/10/06, 10/11/07
EMG/ NCS Reports, 12/03/99, 08/31/01
Prescriptions, 01/10/00, 04/26/01, 11/26/07, 12/03/*07
Office Notes, Dr., 12/13/00, 03/05/01, 09/24/01
Review, Dr., 02/06/01
Procedure Report, 02/14/01, 02/28/01, 04/20/01
Office Notes, Dr., 04/02/01, 04/26/01, 06/19/01, 09/04/01
Review, Dr., 07/23/01, 08/08/02, 09/06/02, 06/14/07, 10/25/07
Office Notes, Dr., 10/14/01, 01/10/02, 01/24/02, 04/16/02, 07/16/02, 08/06/02, 08/22/02, 11/07/02, 03/06/03, 07/10/03, 10/14/03, 12/11/03, 04/13/04, 10/14/04, 04/12/05, 10/10/05, 04/11/06, 10/10/06, 04/12/07, 07/16/07, 10/11/07
Office Note, Dr., 12/04/01
RN Review of Medical Records, 12/02/03
Review, Dr., 12/06/03
Letter, Dr., 10/19/07
Letter, Attorney, 12/28/07, 01/11/08
Official Disability Guidelines Treatment in Worker's Comp 2008 Updates; Pain-Medication Management, Muscle Relaxants and Narcotics.
Explanation of Benefits, 11/27/07, 12/3/07
Pharmacy Receipt, Baclofen 20mg, 11/27/07
Pharmacy Receipt, Propoxynapap, 12/3/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year-old male who reported neck, left arm and upper back pain related to repetitive lifting on xx/xx/xx. He treated conservatively with medications, activity modification and physical therapy for a diagnosis of cervical and thoracic strain.

Cervical radiographs from xx/xx/xx noted minor degenerative changes. MRI evaluation of the cervical spine from 10/20/99 indicated C6-7 minimal spondylosis with mild annular bulging more pronounced to the left. He continued the use of anti-inflammatories and Darvocet. Electrodiagnostic studies completed on 12/03/99 were normal with a notation that the claimant's clinical symptoms were consistent with thoracic outlet syndrome. He continued to require modified duty and medications. He was placed at maximum medical improvement with a six percent impairment rating on 03/07/00.

The claimant continued with soft tissue complaints of pain and tenderness with left upper extremity pain and numbness. CT/ myelogram conducted on 12/12/00 noted C6-7 mild disc space narrowing and end plate spurring at C7-T1. MRI evaluation of the thoracic spine on 01/10/01 noted shallow spondylosis at T6-7 and T7-8. He underwent epidural steroid injections on 02/14/01 and 02/28/01 and a selective nerve root block at C6-7 on 04/20/01 with initial relief of his left arm complaints. Physical examination continued to demonstrate painful range of motion of the cervical spine with normal shoulder motion and normal reflex, strength and sensation findings. He continued the use of Darvocet and anti-inflammatories. Repeat electrodiagnostic studies on 08/31/01 noted C7 radiculopathy on the left that was chronic and moderate to severe in nature. The claimant began treating with Baclofen for spasms and tenderness. Physical examination remained intact. He continued the use of Baclofen and Darvocet throughout his treatment course. Intermittent use of physical therapy with cervical traction and electrical stimulation provided some benefit.

The claimant has continued to treat with periodic office visits with ongoing use of Baclofen and Darvocet for myofascial pain syndrome. The Baclofen twenty milligrams has been used once at night and the Darvocet is utilized as needed with use occurring approximately every other day. The ongoing use of these two medications is under question.

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

This individual appears to be requiring long term use of Darvocet and Baclofen for what has been diagnosed as cervicothoracic myofascial pain syndrome and cervical degenerative disc disease.

I have carefully reviewed the extensive records available. This injury is at least eight years old. This gentleman has been on some type of narcotic pain medication, anti-inflammatories and/or muscle relaxants throughout the entire timeframe. That said, the indications for this gentleman's ongoing pain complaints appear to be largely related to his subjective complaints and are not well supported by documented physical exam findings. Other than subjective complaints of pain and tenderness to palpation, this gentleman has not demonstrated findings of neurologic deficit and/or a recurrent muscle spasm.

In this setting, PRN use of Darvocet would not be an unreasonable compromise. Some individuals with chronic musculoskeletal complaints require low dose use of narcotic pain medications and this may be a reasonable compromise in this setting. The reviewer finds that medical necessity exists for Darvocet.

There is no indication, in my opinion, for continued use of Baclofen. The current dosing appears to be subtherapeutic and inconsistent. In the absence of documentation of recurrent muscle spasm, it is unclear as to the medical necessity in this particular setting. As such, I do not see compelling indications that Baclofen is reasonable or medically necessary.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates; Pain-Medication Management, Muscle Relaxants and Narcotics.

Physicians' Desk Reference 2008

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)**