

## **I-Resolutions Inc.**

*An Independent Review Organization*

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Notice of Independent Review Decision

**DATE OF REVIEW: JUNE 15, 2008**

**IRO CASE #:**

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

Medication Soma 350 mg 1 t.i.d. #90 and medication Lortab 10/500 mg, 1 q.i.d. and q.h.s. #150 with three follow-up visits from 05/02/08 to 08/02/08.

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 5/2/08, 5/20/08

ODG Guidelines and Treatment Guidelines

Report of Medical Evaluation, 5/11/00

MRI of Lumbar Spine, 2/7/00, 6/27/06

Lumbar Spine, 5 Views, 2/7/00, 6/27/06

MD, 3/10/98-11/16/99

MD, 4/24/00

MD, 12/22/99-5/6/08

Medication History

MD, 2/29/08

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient has experienced low back pain since XXXX secondary to a work-related injury. He is currently being treated with medication management, specifically Soma and Lortab. It is noted that he is currently not working because of his back pain. When reviewing the patient's notes, especially within the last seven months, it is noted that the patient has been rating his pain level as either an 8/10 or 9/10. There is no mention of any specific activities that the patient can perform now with his current medication regimen in which he could not perform prior to starting these medications.

There is also no documentation of trying to reduce the opioids to see if the patient's functionality decreases or stays the same. There is a statement made in many of the notes that the patient is "showing functional improvements as far as activities of daily living and social aspects that without the medication would certainly not be available to him." This is a rather general statement and does not really show that anything specific has been discussed concerning the patient's functionality. There is also no documentation of urine drug screens or any other type of way to detect any aberrant behavior.

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

The reviewer finds there is not medical necessity for medication Soma 350 mg 1 t.i.d. #90 and medication Lortab 10/500 mg, 1 q.i.d. and q.h.s. #150 with three follow-up visits from 05/02/08 to 08/02/08.

Per the *Official Disability Guidelines*, it is noted that ongoing management with opioids should including monitoring of the "4 A's." This refers to analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. It is documented in the notes that the patient is not having any significant adverse effects. There is a generalized statement made regarding activities of daily living, but nothing specifically has been mentioned. There is also no documentation of any benefit regarding analgesia. The patient continuously complains of 8-9/10 pain. As stated above, there is no mention of any way to detect aberrant drug-taking behaviors. There is not even a mention that the patient has no aberrant drug-taking behaviors. Therefore, the reviewer does not think it is medically necessary to continue them at this time. Regarding muscle relaxants (Soma), the *Official Disability Guidelines* recommends the use of muscle relaxants for short-term treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Therefore, given that this patient has been receiving this chronically, I do not think it is appropriate to continue this medication at this time, at the current request of Soma three times a day.

### **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)