

I-Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: JUNE 17, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cyclobenzaprine 10mg 1 tablet a day number 30 no refills related to cervical, low back and thoracic

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

MD, Board Certified Internal Medicine

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.

The reviewer finds that medical necessity does not exist for Cyclobenzaprine 10mg 1 tablet a day number 30 no refills related to cervical, low back and thoracic.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 5/2/08, 5/23/08

ODG Guidelines and Treatment Guidelines

MD, 2/11/08, 12/4/06, 8/1/06, 6/1/06, 11/28/05, 4/7/05, 10/12/04, 2/4/04, 8/5/03, 5/5/03, 11/4/02, 8/5/02, 4/1/02, 12/17/01, 7/23/01, 1/22/01, 9/25/00, 6/26/00, 3/20/00, 12/13/99, 9/13/99, 7/12/99, 4/26/99, 3/8/99, 10/19/98, 9/22/98

Prescription, 4/27/08

2/28/08, 12/21/07

12/13/06, 11/22/06, 10/30/06
MD, 10/3/06, 6/28/06

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient injured his back in xx/xx, while lifting. Lumbar MRIs showed disc bulges and spondylosis. Lumbar CT-myelogram showed degenerative changes. Cervical MRI showed C6-7 disc herniation. He has been treated with therapy, injections and medications.

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

The reviewer finds that medical necessity does not exist for Cyclobenzaprine 10mg 1 tablet a day number 30 no refills related to cervical, low back and thoracic. The ODG guidelines indicate the use of muscle relaxers in the treatment of acute low back pain, however, they are not recommended for treatment of chronic back and neck pain. Therefore, the continued use of Cyclobenzaprine is not indicated in this case.

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)