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Notice of Independent Review Decision

DATE OF REVIEW: March 13, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Naproxen, Lyrica, and Vicoprofen

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of Pain Management

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

Medical records from the Carrier include:

- , 11/02/07, 02/22/08, 03/05/08

- Solutions, 08/19/07
- , 10/16/07, 02/19/08, 02/22/08
- Health Management, 02/20/08

Medical records from the Provider include:

- Clinic, 02/01/06
- M.D., 04/17/06, 05/18/06, 06/05/06, 06/30/06, 07/27/06, 08/24/06, 09/21/06, 11/28/06, 12/28/06, 01/25/07, 02/28/07, 03/28/07, 04/25/07, 05/30/07, 06/25/07, 08/03/07, 09/05/07, 10/03/07
- Health Management, 02/20/08

PATIENT CLINICAL HISTORY:

This is a xx-year-old male who sustained a work-related injury on xx/xx/xx, involving the lumbar spine secondary to a lifting type mechanism.

Subsequent to the injury, the patient was found to have a disc protrusion at the L5-S1 level with possible compromising of the S1 nerve roots. The electrodiagnostic testing appeared to confirm an S1 radiculopathy bilaterally.

Eventually, the patient underwent a 360-degree fusion at the L4-5 and L5-S1 levels that was performed on February 25, 2002. Postoperatively, the patient was found to have a large retroperitoneal hemorrhage.

However, the patient's complaints of back and leg pain continued and in the latter part of 2002, the patient underwent a multidisciplinary chronic pain management program with no documented improvement in pain.

The patient had a designated doctor evaluation in April of 2003 and received a 10% whole person impairment rating.

On November 22, 2004, the patient underwent an IDET procedure for some unknown reason.

The patient has had multiple pain management injections with suboptimal relief.

Currently, medication management consists of Vicoprofen, Lyrica 200 mg q 12 hours, and Naproxen. A submitted letter of medical necessity from the treating physician indicated that the patient's pain is associated with muscle spasms and depressed mood persisting over many years despite extensive interventions including physical therapy, steroid injections, various diagnostic studies, surgery, and chronic pain management

program. Lyrica is to treat the neuropathic pain component, Naprosyn addresses inflammatory aspects of the injury, and Vicoprofen is for the very severe pain exacerbations.

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

After reviewing the above information, the previous non-certification of the medications Naprosyn, Lyrica, and Vicoprofen has been partially overturned.

Pertaining to Naprosyn, which is listed in the drug class as a nonsteroidal anti-inflammatory agent indicated for the management of acute/chronic musculoskeletal pain, there has been no studies to indicate the long-term use of this medication is beneficial. Therefore, the continued use of the medication is not recommended.

Pertaining to Lyrica, indications for this medication are for the management of neuropathic pain associated with diabetic peripheral neuropathy, post hepatic neuralgia, and is often used as “off label” by pain management physicians as a standard of care for neuropathic pain symptoms. From the information submitted, it appears that this patient is experiencing some type of neuropathic pain either from a peripheral nerve or sympathetic mediated pain of which this medication appears to be beneficial in helping to reduce this patient’s symptoms. This medication should be continued.

Pertaining to Vicoprofen, it is not clear to this reviewer the quantity/usage of this medication prescribed. This medication is listed in the drug class as a narcotic analgesic used for moderate-to-severe pain. As stated above, from the information submitted there is no usage/quantity listed for this medication. The Texas State Board of Medical Examiners has issued guidelines regarding the long-term use of opioids for the treatment of chronic pain. These guidelines stipulate that there must be several parameters met in order to justify the continued use of opioids for long-term management of chronic pain. These parameters include a written treatment plan, medical documentation of progress toward the treatment plan, and evidence of clinical benefit from the use of narcotics including functional improvement. Regarding this patient, there is no documentation submitted with the above information. Therefore, this medication is currently recommended to be discontinued.

The evidence based guidelines (ODG/ACOEM) do not support chronic narcotics/opioids used for chronic nonmalignant pain syndromes. “Pain medications are typically not used for subacute and chronic phases and have been shown to be the most important factor impeding recovery of function in patients referred to pain clinics.” This may reflect failure of providers to setup the expectations of improved function as a prerequisite for prescribing it.

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)**