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Notice of Independent Review Decision

**MAY 9, 2008**

**IRO CASE #:**

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

CLONAZEPAM 1MG ,1-2 A DAY - LUMBOSACRAL REGION  
CYCLOBENZAPRINE: 10 MG 1 PILL 3 X PRN - LUMBOSACRAL REGION  
METHODONE: 10 MG (2 IN THE AM & 1 MIDDAY) – LUMBOSACRAL REGION

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

Board Certified in Anesthesiology and Pain Management

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> 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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Table of Disputed Services  
Denial Letters – 2/19/08, 3/20/08  
Carrier Submission letter – Law Offices of– 4/24/08  
MRI Lumbar spine 8/19/04  
MRI Lumbar Spine without Gadolinium Contrast 3/13/06

Discharge Summary –M.D. 6/7/07  
Clinical Notes –M.D. 10/24/07 – 3/10/08  
Clinical Notes –M.D.- 8/7/06 – 3/27/08  
Pain Management Interval Note –M.D. –6/27/06 – 3/27/07  
ODG Guidelines

**PATIENT CLINICAL HISTORY: SUMMARY OF EVENTS:**

This case involves a xx-year-old male who was injured at work in xx/xx. The patient was injured while lifting a semi-truck brake drum. He suffered lower back pain. The patient underwent a L5-S1 fusion on 6/6/07. He is prescribed Methadone, Clonazepam and cyclobenzaprine.

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

I agree with the benefit company's decision to deny these requested medications.

ODG guidelines state that opiates (Methadone) are reasonable and necessary if there is documented improvement in comfort and function. There is no documentation of this so it is not reasonable and necessary to continue methadone.

Clonazepam is an anticonvulsant as well as benzodiazepines. Per ODG guidelines, it may be effective for back pain but there is lack of documentation of efficacy so it is not reasonable and necessary to continue it.

Cyclobenzaprine, per ODG guidelines is questionable for chronic pain but may be effective. There should be documented improvement in "function and increased activity." The records lack such documentation so it is not reasonable and necessary to continue 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)