



Notice of Independent Review Decision

DATE OF REVIEW:

05/05/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Norco 10/325mg one every six hours (q6h), Cymbalta 30mg one every eight hours (q8h), Lyrica 50mg one q8h and Detrol 4mg one daily (qd).

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

Doctor of Osteopathy, Board Certified Anesthesiologist, and Specializing in Pain Management.

REVIEW OUTCOME

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

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.

Cymbalta and Detrol are medically necessary. Norco and Lyrica are not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a xx year old male with date of injury xx/xx. The injured individual had multiple lumbar surgeries, injections, some physical therapy (PT), and medications. He entered a chronic pain program in 09/2006 and attended only two to five hours per day. He is noted to not be motivated to improve in 04/2006. He has been on hydrocodone, Detrol, and Lyrica for years and is also now on Cymbalta.

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

This injured individual has a chronic injury not improved with injections or surgery. However, he has no desire to improve per the note of 04/2006 and he attended the chronic pain program recently only two to five hours per day (the program is eight hours per day). Norco is not recommended in an injured individual whose motivation is questionable. Also, chronic use of opiates is not recommended per Official Disability Guidelines to treat neuropathic pain especially without urine screen monitoring

or adjunctive use of other medications. The injured individual is not on any NSAIDs to help reduce his narcotic requirements. The Lyrica is denied, as this is a medication indicated to treat fibromyalgia, post herpetic and diabetic neuropathy none of which this injured individual has been diagnosed. The Cymbalta is reasonable as this is an antidepressant and it is quite common for chronic injured individuals to exhibit symptoms of depression and this medication also has some neuropathic qualities. Detrol is reasonable as the injured individual has a history of bladder incontinence and spasms after his initial surgery for which this is a medication of choice.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Not recommended as a first-line therapy. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; (3) treatment of acute neuropathic pain; & (4) treatment of neuropathic cancer pain. ([Dworkin, 2007](#)) Response of neuropathic pain to drugs may differ according to the etiology of therapeutic pain. There is limited assessment of effectiveness of opioids for neuropathic pain, with short-term studies showing contradictory results and intermediate studies (8-70 days) demonstrating efficacy. ([Eisenberg-Cochrane, 2006](#)) ([Eisenberg-JAMA, 2005](#)) The results of short-term trials were mixed with respect to analgesia (less than 24 hours of treatment). Intermediate trials (average treatment duration of 28 days) showed statistical significance for reducing neuropathic pain by 20% to 30% (and 30% may be the threshold for describing a meaningful reduction of pain).

Treatment of chronic lumbar root pain: A limitation of current studies is that there are virtually no repeated dose analgesic trials for neuropathy secondary to lumbar radiculopathy. A recent study that addressed this problem found that chronic lumbar radicular pain did not respond to either a tricyclic antidepressant or opioid in doses that have been effective for painful diabetic neuropathy or postherpetic neuralgia. Morphine was the least effective treatment (reducing leg and back pain by 1-7% compared to placebo). Sample size and drop out rate was a limitation. ([Khoromi, 2007](#))

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION): PHYSICIAN DESK REFERENCE 2007.

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION): DRUG COMPENDIA 2007.