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Notice of Independent Review Decision

DATE OF REVIEW: 11/19/08

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in dispute: Lidoderm, Vicodin, Opana, Zanaflex, Lexapro, Wellbutrin

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

Board Certified in Pain Management
Board Certified in Anesthesiology
Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME

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

Partially Overturned:
Zanaflex is not medically necessary.
Lidoderm, Vicodin, Opana, Lexapro, and Wellbutrin would be medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 03/07/06 thru 04/06/06 – , M.D.
2. 08/30/07 – MRI of the cervical spine
3. 10/27/07 – Peer review, , D.C.
4. 01/28/08 – Evaluation, Dr.
5. 04/06/08 – Designated Doctor Evaluation, Dr.
6. 04/15/08 – TDI Benefits Explanation
7. 05/14/08 – , Attorneys
8. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee was injured on xx/xx/xx.
The records review include a Required Medical Evaluation from Dr. l dated 03/07/06. His report indicated that the employee was injured while pushing a heavy unit down a

line when he experienced pain involving the right neck and shoulder. MRI studies of the neck revealed an annular bulge at C5-C6. A right shoulder MRI revealed an incomplete tear of the rotator cuff. EMG studies revealed C6 radiculopathy. The employee was treated nonoperatively with pain management. The employee was prescribed Lidoderm and Wellbutrin according to some of the available records. Furthermore, the employee was prescribed Opana, Vicodin, Zanaflex, and Lexapro.

A previous review by Dr. has indicated that the Opana, Vicodin, Zanaflex, and Lexapro were unreasonable and unnecessary.

Records from Dr. on 01/22/08 indicated the employee was on Lexapro, Topomax, Wellbutrin, and Hydrocodone. The impression was cervical disc herniation with a recommendation to undergo surgery at all three levels.

A Designated Doctor Evaluation by Dr. on 04/06/08 indicated the employee had a diagnosis of right shoulder adhesive capsulitis and cervical facet dysfunction. The employee was felt to have preexisting degenerative changes which were aggravated by the compensable event.

There were no other pertinent medical records available for review.

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

I have been asked to perform an IRO regarding prescription medications.

With regard to Lexapro and Wellbutrin, ***Official Disability Guidelines*** do support these medications for depression. They are not used for analgesia and should not be utilized for pain control itself.

Lidoderm is a topical agent which is relatively safe and without any abuse potential and would be reasonable to continue in my opinion.

Zanaflex is a muscle relaxant and is not supported by ***Official Disability Guidelines*** in the chronic phase and should not be utilized on an ongoing basis and only reserved for as-needed breakthrough pain.

Vicodin is a short-acting narcotic. It is used for a person who is felt to be a surgical candidate provided it does not exceed four tablets daily and provided surveillance for diversion and abuse.

Opana is a long-acting opioid. It should be used for severe nonmalignant pain, especially for nonsurgical intervention, this medication is not inappropriate provided there also remains constant monitoring for diversion or abuse.

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

1. ***Official Disability Guidelines***