



**DATE OF REVIEW:** 11/20/08

**IRO CASE #:**

**NAME:**

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

Determine the appropriateness of the previously denied request for medications: Cyclobenzaprine 10 mg, Zolpidem 10 mg and Propoxyphene-N 100.

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

Texas licensed Anesthesiologist.

**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 previously denied request for medications: Cyclobenzaprine 10 mg, Zolpidem 10 mg and Propoxyphene-N 100.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- Fax Cover Sheet dated 11/5/08.
- Note (unspecified date).
- Notice to CompPartners, Inc. of Case Assignment dated 11/5/08.

- Notice of Assignment of Independent Review Organization dated 11/5/08.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 11/5/08.
- Cover Page (unspecified date).
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 11/4/08.
- Company Request for Independent Review Organization dated 11/4/08.
- Follow-Up Office Visit dated 10/28/08, 9/30/08, 9/4/08, 6/3/08, 4/8/08, 3/13/08, 2/12/08.
- Request Form Request for a Review by an Independent Review Organization dated 10/4/08.
- Letter dated 9/25/08.
- Medical Necessity Letter dated 9/10/08.
- Prescription Profile dated 7/1/08 through 7/5/08.
- Medical Records Review dated 9/8/07.
- Right Shoulder Radiology Report dated 3/16/05.
- Cervical Spine X-Ray dated 3/16/05.
- Initial Visit Comprehensive Evaluation Report dated 2/21/05.

**PATIENT CLINICAL HISTORY (SUMMARY):**

**Age:**

**Gender:** Male

**Date of Injury:**

**Mechanism of Injury:** Lifting injury

**Diagnosis:**

Internal derangement, right shoulder; status post superior labral anterior posterior (SLAP) repair; chronic shoulder pain.

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

This is a male sustained an industrial injury on XX/XX/XX. The initial mechanism of injury was lifting a box of chicken. The current diagnoses include internal derangement right shoulder, status post SLAP repair surgery with chronic shoulder pain. The surgery was performed on 3/20/06 and the claimant completed a course of post-operative physical therapy; however, the claimant continued to complain of significant pain. The claimant has been treated with medication management since 2006 for chronic pain in the shoulder. The claimant had been seen monthly by Dr., and his medication regimen had been stable. There were no physical examination findings listed on any of Dr. progress notes. Dr. note on 9/10/08 indicated that the claimant was able to perform activities of daily living with the use of medication and, "without these medications, the claimant would not have a normal quality of life." Per ODG: *"Proper sleep hygiene is critical to the individual with chronic pain and often is*

*hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term.”; “Opioids Outcomes measures: It is now suggested that rather than simply focus on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the claimant's decreased pain, increased level of function, or improved quality of life.” and “Muscle Relaxants Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP.”* In this case, the claimant was prescribed Zolpidem and Flexeril for chronic use, which is not supported by the ODG or the Physician’s Desk Reference. In each case, the ODG would support the short-term use of either medication, but not past 4-6 weeks. As for the Darvocet, there is no documentation of pain and functional improvement when compared to baseline. Dr. notes were extremely limited regarding the claimant’s improvement with the use of Darvocet. Therefore, the ODG criteria for the long-term use of an opioid medication have not been met. The recommendation is for an adverse determination for all requests.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

Official Disability Guidelines, Treatment Index, 6<sup>th</sup> Edition (web), 2008,  
Pain—Insomnia, Insomnia Treatment  
Pain—Opioid use  
Pain—Muscle relaxants

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).