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Notice of Independent Review Decision

DATE OF REVIEW: 09-01-2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medications: Fentanyl, Elavil, Robaxin, Mobic, Ultracet

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

Certified by the American Board of Anesthesiology
Anesthesiology – General
Pain Management – Subspecialty

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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Service Units	Upheld/ Overturned
		Prospective	724.5	90862	5	Partially Overturned Agree-2 Disagree-3

PATIENT CLINICAL HISTORY:

The claimant is a xx-year-old male who suffered a traumatic work-related crush injury in xxxx. The accident resulted in a pelvic and hip fracture, ruptured bladder, bilateral L5-S1 facet joint fractures and a pneumothorax. The injuries sustained in this accident have left the patient with chronic complaints of low back, pelvic, hip and knee pain. He has had several EMGs which reveal moderate to severe right lumbosacral plexopathy in the L4, L5 and S1 nerve roots. The constellation of his chronic pain symptoms includes both nociceptive and neuropathic components.

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

Per review of the Official Disability Guidelines referenced by the insurer, the Reviewer does not support the non-certification for the treatment of this patient's chronic pain symptoms with transdermal fentanyl, Elavil and Ultracet. However, the Reviewer noted that there is little evidence to support the continuation of Mobic and Robaxin for the treatment of the patient's chronic pain symptoms.

The Reviewer noted that this patient's pain symptoms have been managed with multi-modal medical therapy to include opioid analgesics, NSAIDs, muscle relaxants and tricyclic antidepressants. Prior to the discontinuation of these medications secondary to failure of the insurance company to certify, the patient's numerical pain score was 4-5/10 (progress note dated 5/6/08 and 2/29/08). Since the medications were discontinued, the patient's numerical pain score has risen significantly to 8-9/10 (progress note 8/5/08).

The question of whether opioids are efficacious for the treatment of chronic pain is not simple, and presents many challenges in terms of providing an evidence base to support the treatment. Some studies show patients clearly doing well with improvements in both pain and quality of life, while others show patients failing chronic opioid therapy. In a recent article in *Pain Physician*, "based on the review of multiple systematic reviews and the available literature, the evidence for the effectiveness of long-term opioids in reducing pain and improving functional status for 6 months or longer is variable. The evidence for transdermal fentanyl is Level II-2 (evidence obtained from well designed cohort or case controlled analytical studies)."

The Reviewer noted that per ODG, "the use of opioids should be part of a treatment plan that is tailored to the patient." The significant change in the patient's VAS while on the Fentanyl patch and after its discontinuation show the benefit this medication was providing. Per the ODG, opioids are "recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury)." The

ODG also states that “chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to less efficacious drugs. Long term, observational studies have found that treatment with opioids tends to provide improvement in function and minimal risk of addiction.” Per ODG, “Fentanyl transdermal is indicated for the management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy.”

In the ODG, Ultracet is considered an opioid, although its primary mechanism of effect is the blockade of the re-uptake of norepinephrine and serotonin with only mild mu-opioid receptor activity. Thus it would be indicated for the treatment of chronic pain symptoms based upon the above referenced ODG statements.

The patient has also been on Elavil 25mg po qhs (Elavil is a tricyclic antidepressant) for treatment of his chronic neuropathic pain symptoms and depression. A progress note dated 1/29/08 stated that his “depression was much better after starting the Elavil.” Per ODG, “tricyclic antidepressants are recommended as a first-line option for neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression.” Regarding low back pain, the ODG states, “a systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain.”

Additionally, the patient has been on Mobic, a non-steroidal anti-inflammatory medication, and Robaxin, a muscle relaxant. The Reviewer noted that there is no evidence to support the use of either of these medications in the treatment of chronic pain symptoms.

The Reviewer commented that the medical records reflect that the treating physician has requested that this patient be referred to a chronic pain specialist. Given the chronicity and severity of his symptoms, the Reviewer agrees that a Pain Clinic evaluation would be appropriate.

In the Reviewer’s opinion, the fentanyl, Elavil, and Ultracet are appropriate treatment for the patient’s chronic pain symptoms, their use is supported by the ODG criteria, and they should be authorized as requested for this patient. It is also the Reviewer’s opinion that the use of Mobic and Robaxin is not supported for the treatment of the patient’s chronic pain symptoms.

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)**