



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: April 9, 2009

IRO Case #:

Description of the services in dispute:

1) Item in dispute is denial of all future office visits for medication.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is a fellow of the American Board of Orthopaedic Surgery. This reviewer is a fellow of the North American Spine Society and the American Academy of Orthopaedic Surgeons. This reviewer has been in active practice since 1990.

Review Outcome

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

Based on ODG guidelines, the request for future office visits for medication is not medically necessary.

Information provided to the IRO for review

Records Received from the State:

Confirmation of receipt of a request for review by an independent review organization dated 03/19/09 (1 page)

Company request for IRO (4 pages)

Request form, request for review by an independent review organization dated 03/17/09 (2 pages)

Adverse determination letter initial review dated 01/13/09 (2 pages)

Adverse determination letter reconsideration dated 02/11/09 (2 pages)

Records Received from Dr.

MRI of the lumbar spine dated 08/10/07 (1 page)

Office visit notes dated 06/03/08, 07/15/08, 08/12/08, and 02/10/09 (6 pages)

Letter dated 07/25/08 (1 page)

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Patient clinical history [summary]

The patient is a male whose date of injury is listed at xx-xx-xx. The records reflect that the patient underwent surgery for medial meniscal tear in 2003. The patient also has a history of L5-S1 disc herniation secondary to a date of injury of xx-xx-xx. MRI of the lumbar spine dated 08/10/07 reported diffuse disc desiccation consistent with degenerative disc disease between L2-3 and L5-S1. There was moderate right neural foraminal stenosis at L4-5 and L3-4, secondary to a disc osteophyte complex. Electrodiagnostic studies were noted to show findings positive for L5-S1 radiculopathy. Progress note dated 07/15/08 indicated the patient was seen for a right knee injury. The patient continues having pain and wants more medication. The patient was noted to have full range of motion to the knee with some tenderness over the medial joint line and no swelling. The patient was given a prescription for Celebrex and Ketoprofen 4 percent with 1 percent Flexeril cream.

An initial utilization review determination by Dr. on 01/13/09 determined that office or outpatient visit was not medically necessary. Dr. noted that the patient is over 6 months post injury and that requesting office visit for prescribing medications is not confirmed as a medical necessity as there is no validated need for prescription medications.

A reconsideration review was performed by Dr. on 02/11/09. Dr. noted that the patient remains on Celebrex and a compounded topical cream with Ketoprofen and Flexeril. Dr. noted that the current medications are not supported in ODG, noting that non steroidal anti-inflammatory drugs such as Celebrex are not indicated as efficacious for pain or function in chronic pain. Dr. noted that there was no rationale provided for specific necessity of this selected non steroidal anti-inflammatory drug vs. non selective over the counter type non steroidal anti-inflammatory drug. Dr. noted that the compounded topical cream includes both a non steroidal anti-inflammatory drug and muscle relaxer, neither of which is supported in ODG. Dr. noted that this obviates the necessity for continued office visits.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Based on ODG guidelines, the request for future office visits for medication is not medically necessary. Medical necessity is not established for the prescription medications to warrant ongoing office visits for this purpose.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG Treatment Integrated Treatment/Disability Duration Guidelines, Online Version

NSAIDs (non-steroidal anti-inflammatory drugs)

Specific recommendations:

In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. ([Chen, 2008](#)) ([Laine, 2008](#))

Topical analgesics Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. ([Namaka, 2004](#)) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. ([Colombo, 2006](#)) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). ([Argoff, 2006](#)) There is little to no research to support the use of many these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. [Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. See [Duragesic](#)[®] (fentanyl transdermal system).]

Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. ([Lin, 2004](#)) ([Bjordal, 2007](#)) ([Mason, 2004](#)) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. ([Biswal, 2006](#)) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety.

Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical

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