

# C-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/20/2009

**IRO CASE #:**

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

Soma 250mg 1 po q8 hours #90 no refills-wrist  
Neurontin 600mg 2 po q8 hours #180 no refills-wrist

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

MD, Board-certified Internal Medicine.

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 3/13/09, 3/20/09

Medical Center, 3/11/09, 2/11/09, 1/14/09, 12/17/08, 11/5/08, 10/10/07, 6/1/06  
MD, 6/14/06

MRI of the Left Wrist, 5/15/06 & 6/5/06

MRI of the Lumbar Spine, 6/6/06

MD, 2/11/09

Law Offices of, Carrier submission letter, 4/2/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant sustained a crush injury to the left wrist in xx-xx-xx. Wrist MRI showed edema with no tendon injury or fracture. The treatment course is not provided. The claimant has been prescribed medications for a diagnosis of CRPS and chronic left wrist pain. No electrodiagnostic testing is provided. None of the physical examinations demonstrate findings consistent with CRPS.

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

I have reviewed the applicable guidelines concerning the use of Soma and Neurontin in the treatment of chronic wrist pain. Soma is a muscle relaxant. Muscle relaxants are indicated for the treatment of acute painful musculoskeletal conditions. The claimant has no indication for this medication. Based on the records provided, the use of this medication is not medically necessary. Neurontin is likely effective in the treatment of conditions that result in neuropathic pain. However, there is no evidence of neuropathic pain in this claimant. Based on the records provided, the use of this medication is not medically necessary. The request does not meet the guidelines. The reviewer finds that medical necessity does not exist for Soma 250mg 1 po q8 hours #90 no refills-wrist; Neurontin 600mg 2 po q8 hours #180 no refills-wrist.

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

ACOEM-AMERICA 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)