

SENT VIA EMAIL OR FAX ON
Apr/09/2009

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Dilaudid tabs 4mg #180; Lidoderm #90 3 patches; Soma 350mg #60; Lortab 10mg #120; Cymbalto 60mg #30; Mobic 15mg #30

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

The reviewer is Board Certified in Family Practice with a CAQ in Sports 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)

Dilaudid, Lortab, Soma, and Lidoderm patch are upheld

Cymbalta and Mobic are overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 2/19/09 and 3/3/09

Back 11/21/08 thru 2/13/09

CoPE 8/7/08 thru 1/16/09

PATIENT CLINICAL HISTORY SUMMARY

According to the clinical notes provided by Dr. , the patient sustained a compensable injury at work in xx/xxxx when she was handling and stacking heavy boxes. She has had surgeries including a C4-5 fusion in August of 2006 by Dr. and brachial plexus "procedures" by Dr. and carpal tunnel, radial and ulnar decompression surgeries and shoulder surgeries by Dr. For the purposes of this reviewer the diagnosis for which the medications are to be assessed

is Impingement syndrome (as stated on the URA forms). Patient's last shoulder surgery was on August 29, 2008. The clinical notes available indicate the patient complains of neck, shoulder and arm pain. She is scheduled (or may have had a myelogram for possible C6-7 collapse below her fusion). There is a note that she is supposed to start a chronic pain program. There are also notes in the chart indicating the patient may have fibromyalgia.

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

This is a difficult case from the perspective of a review in that the patient has multiple musculoskeletal medical problems causing her pain. There are not enough details in the notes to piece together the complete history since 1997 or to discern whether the majority of pain is from the shoulder or neck or chronic myofascial pain. The URA forms indicate that the compensable injury for which the medication is being sought is chronic impingement syndrome

In reviewing the ODG guidelines for the management of chronic pain, one needs to separately address each of the medications requested

First, let us address the opiate pain medications, Dilaudid and Lortab. Opiates are not recommended as first line for chronic pain. They may be indicated for acute pain and acute exacerbations of chronic pain but should not be a first line for a patient's chronic pain. Since this patient has had the shoulder pain for over 10 years, I do not see that they are benefiting her; she complains of pain even when she is taking the medication. It was recommended that she wean off of it over 6 months ago and that she consider a chronic pain program. If she has acute pain related to her other injuries use of opiates could be considered but not through this approval with respect to her shoulder pain

Second is the Soma, a muscle relaxant. The ODG guidelines as well as clinical trials of NSAID's and muscle relaxants show no long-term benefit of this medication. Muscle relaxants may have some benefit with acute pain and spasm but are not indicated for chronic pain

Third is the Lidoderm patch. Topical lidocaine may be recommended for peripheral pain after first line agents have failed, but shoulder impingement is not peripheral pain. This treatment is only FDA approved for post herpetic neuralgia and has not been approved for chronic neuropathic pain

Next is Cymbalta, a SNRI. Cymbalta is "FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia. It also has off label use for neuropathic pain and radiculopathy. " The ODG guidelines list this as a first line drug for neuropathic and chronic pain and its approval in this patient is justified by the history

Last is Mobic, a non-steroidal anti-inflammatory. The ODG guidelines indicate there is "inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain and mixed pain conditions such as osteoarthritis in patients with neuropathic pain." Given this I would agree with the approval of this medication

So in summary, due to all the above explanations, the Reviewer has agreed with the URA decision to deny approval of Dilaudid, Lortab, Lidoderm and Soma. In addition to this, the Reviewer disagrees with the URA and overturns the denial of Cymbalta and Mobic.

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**