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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Nov/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Hydrocodone 10/325 (1-2 tabs 3 to 4 times daily #180); Soma 350 mg (1 tab po q HS/#30); Naprelan 500 mg (1 po bid/#60); Ambien CR 12/5mg (1 po qHS insomnia/#30); Cymbalta 60 mg (1 q day/#30)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
EMG/NCV, 02/11/09
Office notes, Dr. 06/10/09
DDE, Dr. 08/24/09
Office note, Dr. 09/17/09
Office notes, Dr. 08/26/09, 09/21/09, 09/23/09, 09/28/09, 10/07/09, 10/01/09, 10/19/09
Office notes, Dr. 09/01/09, 09/29/09
Myelogram, 09/02/09
Peer review, Dr. 10/22/09
Coventry, Dr. 10/30/09
ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male injured on xx/xx/xx when he fell 5-6 feet from scaffolding. He had been treated primarily for low back pain, left leg pain and left hip pain. Treatment has included various medications, home exercise, chiropractic care, injections and off work. On 06/10/09, Dr. noted the claimant was taking Hydrocodone 3 a day and Ambien at night and amitriptyline at night. The examination documented limited motion, decreased sensation in the left lateral foot and positive left sciatic stretch. Reflexes were normal. An MRI reportedly showed some bulging at L5-S1 and to some degree at L1-2 and 3-4. X-rays of pelvis and hips were reported as normal and a bone scan was apparently unremarkable. The claimant

was seen on 08/26/09 by Dr. , DC, pain management, for lumbar and left hip pain and cervical pain. Symptoms were reported to be worsening. On examination, the claimant had a jump response to palpation of the lumbar spine. There was significant lower extremity give way weakness and difficulty with toe and heel walking. Straight leg raise was 70 degrees on the left and 80 degrees on the right with lumbar tightness without leg pain. Paravertebral tenderness was noted. Recommendations included exercise, injections and off work

On 09/01/09, Dr. a pain management doctor, saw the claimant for low back left hip and groin pain as well as bilateral leg numbness. The claimant was taking Hydrocodone, Ambien and Soma. The examination noted decreased lumbar motion, weakness of the left leg and palpable spasm. The impression was pain with radiculopathy, tinnitus and depression. Recommendations included Hydrocodone, Xodol, Ambien, Soma and Naprelan.

The 09/02/09 Myelogram showed no extradural defects. The post CT documented there was no focal stenosis. A small bulge was seen at L1-2 and there was L2-3 and 3-4 facet arthrosis. A small sclerotic focus at L5 was probably a bone island.

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

On overview, there are pain complaints in this case unexplained by a recent CT myelogram. Only age specific degenerative changes were seen on this sophisticated imaging study. There is limited evidence for the use of opioids in the management of chronic low back pain, per the ODG guidelines. Given that the recent diagnostic testing does not reveal any specific neurologic compression, the reviewer is unable to recommend the hydrocodone as medically necessary. Soma is not recommended under the FDA guidelines for long-term use. As such, the reviewer is unable to recommend Soma as medically necessary. Ambien can be habit forming and cannot be recommended for long-term use. The reviewer is unable to recommend Ambien as medically necessary.

The ODG guidelines outline that nonsteroidal anti-inflammatories have more adverse side effects than acetaminophen and would not be recommended for long-term use. As such, the reviewer is unable to recommend Naprelan as medically necessary.

Anti depressants such as Cymbalta can be used in patients with neuropathic pain. This may be an issue, given neuropathic findings on the February 2009 electrodiagnostics. However, recent physical examinations do not contain any ongoing evidence of a neuropathic problem for which this medication could be used. The reviewer finds that medical necessity does not exist for Cymbalta 60 mg (1 q day/#30).

The reviewer finds that medical necessity does not exist for Hydrocodone 10/325 (1-2 tabs 3 to 4 times daily #180); Soma 350 mg (1 tab po q HS/#30); Naprelan 500 mg (1 po bid/#60); Ambien CR 12/5mg (1 po qHS insomnia/#30); Cymbalta 60 mg (1 q day/#30).

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, chapter pain

Anti-depressants for Pain Management

Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment.

Carisoprodol (Soma)

Not recommended. This medication is FDA-approved for symptomatic relief of discomfort

associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use.

Zolpidem (Ambien®)

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 for chronic pain

Recommendations for general conditions:

- Neuropathic pain: Opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. See Opioids for neuropathic pain

- Chronic back pain: Appears to be efficacious but limited for short-term pain relief. Long-term efficacy is unclear (>16 weeks), and there is also limited evidence for the use of opioids for chronic low back pain.

NSAIDs (non-steroidal anti-inflammatory drugs)

Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics

Neuropathic pain: 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 (and other nociceptive pain) in patients with neuropathic pain. (Namaka, 2004) (Gore, 2006)

See NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function; & Medications for acute pain (analgesics). Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)