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Notice of Independent Review Decision

DATE OF THE AMENDED REVIEW: 01/09/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Continued use of Hydrocodone, Avinza, and Cymbalta.

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

Board Certified in Pain Management
Board Certified in Anesthesiology
Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME

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

Partially Upheld:

Continued use of Avinza and Hydrocodone denial upheld
Continued use of Cymbalta denial is overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 02/05/03 – , M.D.
2. 02/22/03 thru 06/22/03 – emergency room records
3. 07/08/03 –
4. 08/05/03 – , M.D.
5. 08/13/03 – , D.O.
6. 08/14/03 – Center
7. 11/21/03 – , M.D.
8. 03/29/04 – , M.D.
9. 08/23/04 – , M.D.
10. 05/25/05 – MRI of the left hip
11. 05/31/05 – testing report
12. 06/20/05 – Evaluation Center
13. 07/07/05, 09/27/06 – , M.D.

14. 07/29/05 – , M.D.
15. 08/15/05 thru 01/12/06 – n Center
16. 03/01/06 thru 05/18/07 – Institute
17. 03/09/06, 04/07/06, 05/04/06, 06/01/06, 08/07/06, 09/07/06 – , R.N.
18. 08/24/06 – , M.D.
19. 09/20/06 – Procedure note
20. 09/29/06 – Electrodiagnostic medicine consultation
21. 09/29/06 – Electrodiagnostic studies
22. 10/04/06 – , M.D.
23. 11/04/06 – Required Medical Evaluation
24. 11/13/06 – Procedure note
25. 11/29/06 – Health note
26. 12/06/06 – , M.D.
27. 02/14/07 – , M.D.
28. 05/24/07 thru 09/04/08– , M.D.
29. 07/11/07 –
30. 07/20/07 thru 06/12/08 – –
31. 06/05/08 – , M.D.
32. 07/09/08 – , IV, M.D.
33. 07/09/08 –
34. 11/06/08 –
35. 11/19/08, 11/20/08 – Denials
36. 12/10/08 – Law Offices of
37. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

This is an IRO regarding this employee who was injured on xx/xx/xx. The employee sustained an injury to the tailbone when her left knee gave way causing her to fall with pain involving the lower back and sacrum.

Extensive medical records have been reviewed in its entirety. Essentially this employee was referred to numerous specialists, sacral and lumbar x-rays were normal. The lumbar spine MRI, as well as an MRI of the sacrum was normal. The employee was diagnosed with a low back contusion and was returned to work without restrictions by January, 2003.

A previous review was performed by Dr. , who felt that no further treatment was required. However, the employee was likely at Maximum Medical Improvement (MMI) about two to three months after injury.

The employee was referred to a pain management specialist in February, 2003 and underwent multiple trigger point injections and medial branch blocks for possible facet injections, all of which were unremarkable and without benefit.

Again, the employee received further facet injections and also underwent paravertebral nerve blocks in March, 2003 showing no abnormalities of the lumbar spine. SI joint injections were performed in May, 2003.

The employee was seen by Dr. for a Required Medical Evaluation (RME) in 2003, who felt the employee had no abnormalities to justify further treatment. A CT/myelogram was performed which was negative. An EMG was performed apparently revealing some type of radiculopathy. L5 nerve root irritation was described.

The employee was seen by Dr. for an RME. By that time, the employee was on Vicodin, Duragesic, and Motrin, and Dr. subsequently diagnosed piriformis syndrome.

Again, the employee was seen by multiple specialists including Dr. and again seen by Dr. . The impression was that there no objective evidence of piriformis syndrome or L5 nerve root irritation and felt the employee may have somatic complaints and symptom magnification. Again, it was felt the employee was at MMI.

The employee was then treated by Dr. and was continued on medications. A spinal cord stimulator implant was recommended.

Again, the employee was seen by Dr. who did not feel this was necessary. The spinal cord stimulator provided some pain relief in December, 2006. The impression was a left sciatic nerve injury and L5 radiculopathy.

Most recently, the employee has been under the care of Dr. with a diagnosis of lumbosacral radiculitis. The employee has been maintained on sustained relief working, Avinza as well as Hydrocodone four tablets daily on average and Oxycontin as well as Lyrica.

As of June, 2008, the employee was on these medications, as well as Lyrica and Cymbalta. The employee also claimed to have relief from the neuromuscular stimulator unit.

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

The ***Official Disability Guidelines*** would support the use of Cymbalta for chronic neuropathic pain which this employee seems to have. The guidelines also support the limited use of analgesics. However, I do not find any substantial pathology which justifies opioids for this employee. All previous testing has been relatively unremarkable. The EMG studies with a questionable utility. There was also very little objective information to justify the diagnosis of piriformis syndrome. Indeed, the employee has been seen by independent examiners on several occasions, and there has not been a consensus as to the exact nature of the diagnosis.

Therefore, the ongoing use of high doses of opioids which is Hydrocodone and Avinza do not appear to be reasonable or necessary or supported by objective testing and should be weaned as recommended and based on the ***Official Disability Guidelines***.

Consequently, the denial for Hydrocodone and Avinza is upheld and the denial of the use of Cymbalta is overturned.

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

1. *Official Disability Guidelines*