

SENT VIA EMAIL OR FAX ON
Jun/08/2009

Applied Assessments LLC

An Independent Review Organization

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DATE OF REVIEW:

Jun/08/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Reimbursement of medication to Patient for the following: 1. 2/9/09 Endocet #120, Methocarbamol #60; 2. 3/5/09 Methocarbamol #60, Zolpidm Tartrate #30; 3. Cymbalta #60, Endocet #120, Methocarbamol #60

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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)

In summary, Endocet and Cymbalta are medically necessary.

Ambien and methocarbamol are not necessary,

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Letter from Patient 4/17/09

EOB's No Date

Comprehensive Medical Analysis 1/21/09

Dr. 1/12/06 thru 3/21/09

Dr. 1/16/09 and 4/15/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured in xxxx when reportedly 800-pound doors fell on him. He developed back pain. Reportedly there were disc disruptions based upon discograms. He had a pump inserted and is on a mixture of hydromorphone and fentanyl. This has reduced his oral pain

medications. He had been using Oxycontin and oxycodone (Percocet and Endocet) for years. He had insomnia and has been on Lunestra and Ambien. He has also been on Cymbalta and Robaxin

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

A prior reviewer questioned the pain as not being work related to the xxxx injury, and therefore whether the medications are appropriate. The Reviewer's role is not to determine the extent of injury, but the appropriateness of the medications.

In summary, we can approve Endocet and Cymbalta. Ambien and methocarbamol are not necessary, but the Reviewer doubts the patient will be weaned from them. He has chronic insomnia and while Ambien is approved for short-term use, this man has been on it or Lunestra for several years.

I Endocet is much the same as Percocet. It is a short acting opioid. He has been on this since 2002. He has been able to work as a result of the pain pump and the oral agents. The criterion applicable in the ODG is the need for ongoing treatment. Dr. documents the effectiveness of the medications and the lack of inappropriate use of the medications (paragraph 3) and there was no need to stop the medication (paragraph 6). In general, the ODG is not supportive of the use of chronic pain medications; it recognizes there are individuals who do benefit when appropriately supervised. Therefore the Reviewer concurs with the use of the Endocet as appropriate.

II Cymbalta.

This is a serotonin neuroepinephrine uptake inhibitor antidepressant approved for certain neuropathic pain disorders. There is a component of back pain that may be both mechanical and neurological. "The FDA notes that although duloxetine was effective for reducing pain in patients with and without major depressive disorder, the degree of pain relief may have been greater in those with comorbid depression." Again, The ODG does not approve the use of antidepressants in the management of chronic non-neuropathic pain, it recognizes differing opinions and contradictory studies. Therefore, this medicine is medically necessary.

III Methocarbamol

Muscle relaxers are used for short-term episodes in chronic pain. There is little evidence-based studies cited to support its use in chronic pain conditions. Yet, there are many individuals that report pain relief on muscle relaxers separate from the relief of spasms. The Reviewer advises not using the Robaxin, therefore, the medicine is not necessary.

IV Ambien

This person has insomnia. The records show the use of Ambien or Lunestra for years. While sleep medications are justified for short-term use, chronic pain patients have insomnia. The ODG advises that these medications be used for only a few weeks. In reality, most patients become dependent upon them. Dr. can try to wean this person from them, but the Reviewer is not sure this will be successful.

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)