

Notice of Independent Review Decision

**IRO REVIEWER REPORT**

DATE OF REVIEW: 09/22/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ultram: 1 tab 3x daily #90-lumbar 90862  
Lidoderm Patches: 5 percent 1 qd #30-lumbar 90862  
Neurotin: 800mg 1tab 3x daily #90-lumbar 90862  
Robaxin 750mg 1tab 3x daily #90-lumbar 90862

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

The TMF physician reviewer is board certified in anesthesia/pain management with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the Ultram and Lidoderm Patches are medically necessary to treat this patient's condition while the Neurotin and Robaxin are not medically necessary.

## **PATIENT CLINICAL HISTORY (SUMMARY):**

This patient sustained a work related injury on xx/xx/xx when he had a twisting injury to the lumbar spine. He has been treated with chiropractic care, ESI 's and nerve root injections, surgery, participation in a chronic pain management program and medications. The patient continues to complain of chronic low back pain radiating into his leg and the treating physician has recommended that the patient receive Ultram, Lidoderm Patches, Neurotin and Robaxin.

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

1. Ultram: 1 tab 3x daily #90-lumbar 90862: The medication is not recommended as a first line analgesic. However, other first line analgesics have been utilized such as Vicodan. There is documentation that the patient has increased comfort and function with Ultram. Multiple other modalities have been attempted and the patient deteriorates without the medication. The ODG criteria have been met for chronic treatment with Ultram.
2. Lidoderm Patches: 5 percent 1 qd #30-lumbar 90862: Per the ODG "may be recommended" after there has been first line medications used. This criteria is met and would be appropriate to continue the Lidoderm.
3. Neurotin: 800mg 1tab 3x daily #90-lumbar 90862: Per the ODG, 30% reduction in pain would be required to warrant its usage. There is no documentation of 30% pain reduction from the Neurotin. Therefore, it should be weaned and discontinued over 30 days.
4. Robaxin 750mg 1tab 3x daily #90-lumbar 90862: Per the ODG, this medication would not be recommended for long term usage. It should be weaned over 15 days and discontinued.

Therefore, it is determined that the Ultram and the Liderm Patches would be medically necessary to treat this patient's condition. However, the Neurotin and the Robaxin would not be necessary.

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

- ACOEM- AMERICAN 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)