

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
12001 NORTH CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TEXAS 75243

(214) 750-6110
FAX (214) 750-5825

Notice of Independent Review Decision

DATE OF REVIEW: September 30, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medications to include CPT code #90862: Restoril, Tramadol, Elavil, Neurontin, Soma, Darvocet.

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of Pain Management

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)

PATIENT CLINICAL HISTORY:

Description of services in dispute are medications to include Restoril, Tramadol, Elavil, Neurontin, Soma, and Darvocet. Review outcome, overturned previous non authorization.

The patient is a male who sustained a work related injury on xx/xx/xx, almost xxxx years ago, involving his cervical/lumbar spine, secondary to a motor vehicle accident. This review is extremely complicated with multiple physicians involved. The patient has undergone numerous surgeries to include percutaneous L4-L5 discectomy in January

1992, a lumbar laminectomy/discectomy in April 1992, posterior fusion in June 1992, and anterior fusion L4-L5 level November 1992. Involving the cervical spine, the patient underwent a C5 through C7 cervical fusion in October 2001, and right carpal tunnel release with ulnar transposition October 1997.

The patient has had numerous MRI scans performed in the cervical and lumbar spine. He has also had EMG/nerve conduction studies of the lower extremities at various times in the past 14 years. Past medical history includes coronary artery disease and myocardial infarction 1993, obesity, and coronary artery bypass graft 1993.

Currently, the patient reports a 110 pound weight loss over a period of 18 months as related to South Beach Diet.

A Required Medical Evaluation performed on January 11, 2007, by, M.D., noted the patient's diagnosis as post lumbar laminectomy syndrome or failed lumbar surgery. He opined that the patient was stable on medication maintenance which was reasonable. He recommended office visits with a physician every six months to evaluate medications. The patient had been under the care and supervision of M.D., neurologist, for numerous years where he has been providing the patient with medication to include most currently Restoril 15 mg two tablets q.h.s., Tramadol 50 mg two tablets q 8 hours, Elavil 25 mg three tablets q.h.s., Neurontin 300 mg three times per day, Soma 325 mg t.i.d. to q.i.d., and Darvocet one to two tablets q 4-6 hours p.r.n. A review of submitted progress notes reveals that this medication profile is consistent for at least a year or more.

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

Regarding the services in dispute, Restoril is listed in the drug class as a benzodiazepine. In accordance with ODG Guidelines this medication is not reasonable or necessary for chronic pain. This medication is not recommended for long-term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to hypnotic effects of this medication develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The treating physician has not determined the medical necessity for providing this medication. It is not clear whether this medication is effective or even necessary. Denial is upheld.

Tramadol (Ultram) is listed in the drug class as a centrally acting synthetic opioid analgesic that can be used for short and long term management for acute/chronic pain. From the information submitted the treating physician has justified the continued use of this medication for long term management of chronic pain. The patient has a working diagnosis of failed surgery spine syndrome. Recommendation is that this medication is reasonable, appropriate, and necessary and should be continued.

Elavil (Amitriptyline) is listed in the drug class as a tertiary amine tricyclic antidepressant. Clinically this medication is used to treat depression, pain of neuropathic origin, and in low doses used to treat sleep deprivation. The mechanism of action of Amitriptyline is not understood; however, it is believed that the most important effect is the decreased reuptake of norepinephrine and serotonin. The medication is currently being used for neuropathic pain and sleep deprivation in this patient. The recommended guidelines for indication of neuropathic pain is Elavil 25-100 mg per day at bedtime. This medication is appropriate and necessary and recommended and should be able to provide the patient with additive pain relief secondary to the chronic pain he suffers.

Neurontin is listed in the drug class as an anticonvulsant agent that stabilizes neural membranes. It has been found to have some utility for pain control. It is often used by pain management physicians (off label) for neuropathic type pain. It appears to work by a central mechanism, but the precise mechanism of analgesic action is unknown. It has a low addiction potential and no risk of diversion. From the information submitted, the patient has a working diagnosis of failed back surgery syndrome of which incorporated is neuropathic type pain either from a peripheral nerve or sympathetic mediated pain. This medication is recommended as being necessary and appropriate and reasonable to help reduce the patient's pain symptoms. For patients with severe neuropathic pain, the maximum daily dose can range from 2400 to 3600 mg per day. The final dosage should be determined either by achieving complete pain relief or by development of unacceptable adverse effects that do not resolve promptly.

Darvocet is listed in the drug class as a mild to moderate opioid/narcotic for mild to moderate pain. For ongoing opioid therapy, ODG Guidelines recommends that the patient clearly understand that the opioids being prescribed contingent upon progress toward goals (goals that have been discussed with the patient), as well as increased quality of life, and if there is no progress toward these goals prescription medication will be curtailed. The criteria for long term management should include prescription from a single practitioner, ongoing review and documentation of pain relief, and improved functional status. As stated above, the documentation provided indicates the treating physician has justified the continued use of this medication for long term management of chronic pain.

Soma is listed in the drug class as a central nervous system depressant that is indicated for the treatment of acute musculoskeletal spasm. This medication is not indicated for long term use. Evidence based guidelines and ODG do not support muscle relaxants for long term functional improvement. This muscle relaxant efficacy appears to be diminish over time and prolonged use of this medication leads to dependence. There is diversion with this medication. Sedation is most commonly reported adverse effects of this medication. Medication metabolized to meprobamate, an anxiolytic. Withdrawal symptoms occur with abrupt discontinuation. Denial is upheld.

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)