Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 3/29/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Refill of medications Lyrica, Norco, Baclofen, Elavil

QUALIFICATIONS OF THE REVIEWER:
Anesthesiology, Pain Management

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

? Upheld (Agree)

? Overturned (Disagree)

X Partially Overturned (Agree in part/Disagree in part)

Refill of medications Lyrica, Norco, Baclofen, Elavil Partially Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Case assignment dated 3/8/2010
2. Review organization dated 3/4/2010
3. Letter by DO dated 1/28/2010
4. Peer review by DO dated 1/27/2010
5. Notice of determination by MD dated 1/20/2010
6. Request form dated 3/3/2003
7. Clinical note by MD dated unknown
8. Independent review organization by, dated 3/8/2010
9. Fax page dated 3/8/2010
10. Addendum by, dated 11/18/2009 to 1/21/2010
11. Addendum by, dated 11/24/2009
12. Addendum by, dated 11/23/2009
13. Clinical note by Author unknown, dated 6/10/2009
14. Nurse's notes by Author unknown, dated 6/10/2009
15. Consent for procedure by Author unknown, dated 6/10/2009
16. Telephone note by Author unknown, dated 3/30/2009 to 1/21/2010
17. Addendum by, dated 3/30/2009 to 12/21/2009
18. Addendum by MD, dated 3/10/2009 to 11/23/2009
19. Addendum by, dated 3/9/2009 and 5/29/2009
20. Outpatient visit by Author unknown, dated 2/26/2009 to 10/14/2009
21. Log note by Author unknown, dated 2/26/2009 to 1/27/2010

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:
The injured employee is a male with a DOI of xx/xx/xx. The injured employee has a diagnosis of lumbar post laminectomy syndrome. There have been treatments with an SCS (spinal cord stimulation) placed and subsequently removed, injections, and medication management. The injured employee is taking Lyrica, Norco, Baclofen, and Elavil.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
There was a prior peer review and none of the medications were considered medically necessary. The medical necessity of each of the medications is the subject of this review.

The 1st is Lyrica. This is an anti-epilepsy medication. The ODG will support its use for the treatment of neuropathic pain, and not nociceptive pain. In this injured employee there are ongoing complaints of numbness, pain, and tingling in the lower extremities. It is thought that the injured employee has neuropathic pain due to the failed fusion surgery. In this setting the ODG would support Lyrica utilization.

The 2nd medication is Norco. This is an opioid. The ODG stance is as follows: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Furthermore there should be monitoring for compliancy with test such as random urine drug screens. In this injured employee none of this information was provided to support the ongoing use of opioids. Therefore the Norco use is not supported.

The 3rd medication is Baclofen. This is considered an anti-spasticity drug. The ODG stance on Baclofen is as follows: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. In this injured employee there is indication that the baclofen is used chronically and not of acute episodes of spasm. Therefore the use of this medication is not supported.

Lastly, the 4th medication is Elavil. This is considered an antidepressant. The ODG will support the use of antidepressants for the treatment of both neuropathic pain and depression. Given the fact that the injured employee does have neuropathic pain, this medication is supported.

To summarize, only the Lyrica and Elavil are considered medically necessary and appropriate for this injured employee, based on the provided documentation and ODG guidelines. Thus the recommendation is to uphold the denial for Norco and Baclofen. However, the recommendation is to overturn the denial for Lyrica and Elavil.

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
- **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)