

SENT VIA EMAIL OR FAX ON  
Mar/22/2010

## True Decisions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Mar/19/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Norco: 10/325mg 1 po q6h #240 X 2 refills approval for 1 year--neck; Soma: 350mg 1 poq6h#120 X 2 refills approval for 1 year--neck; Ambien CR: 12.5 mg 1 po qhs #60 X 2 refills approval for 1 year--neck

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines  
Medical Records Dr. and Letters of Medical Necessity Dr.  
July 03 - Jan 10  
Denial Letters 1/19/10 and 1/27/10  
Peer Review Dr. y 10/17/07, 7/12/09  
Legal Letter Mr. of Mr. No Date  
Imaging 10/8/09  
Memorial 5/27/04  
Dr. 5/26/04 thru 8/21/06  
Healthcare 8/5/04 thru 9/3/04  
Medical 12/24/05 thru 1/18/06  
Imaging 3/1/06 thru 6/14/06  
Advanced Diagnostics 3/1/06  
Dr. 7/20/06  
Clinical Pathology 12/8/06  
Texas Back 12/27/06  
7/9/09

**PATIENT CLINICAL HISTORY SUMMARY**

This man was involved in a work related rollover injury on xx/xx/xx. Dr. summarizes the details prior to 2004. This man underwent two cervical fusions. He has residual neck pain, headaches and cervical radiculopathy. He also reportedly had lumbar disc problems. Dr. has managed him on hydrocodone, Soma and Ambien. Prior Reviewers and the legal letter state

the need to stop the medication. Dr. attempted to wean this man in May 2008. His records report functional deterioration and increased pain.

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

There are the three medications in use. He had been on others including Fentanyl. He is no longer on this medication.

The first is the request to stop the hydrocodone. There is a strong movement to reduce the amount of opiate medication used, but at the same time, there is a movement to avoid undertreatment of pain. There is no objective assessment of pain, but rather monitoring the patient's response to the medications, use of medications and function. Dr. documented the reduced function and increased pain with the 2008 attempt to reduce the medications. He cited how this man is able to work and perform ADLS on the medications. Reviewers question the need for the pain medication as there was no pain diary. This is not obligatory, but is a useful tool for function and pain. Even the ODG does not feel it is obligatory if there is function with the pain relief. . There was a urine drug screen in July 2009 when the hydrocodone was not detected. This is a cause of some concern for possible diversion, however false negatives and false positive studies occur. There was no report or description of diversion or aberrant behavior. This man reportedly had analgesia, improved ADLs, without the aberrant behaviors or adverse side effects. The ODG, while not generally supportive of the chronic use of opiates or opioids, accepts the role under these circumstances. While there is some depression, none of the red flags in the ODG were present. No other treatment program was offered as an alternative. There was no evidence of hyperalgesia described to warrant dose reduction. He did not meet the criteria to stop the opioids and did meet the criteria to continue them. The ODG has different sections regarding the frequency of visits. Up to 6 months in a stable person is acceptable to the ODG, although more frequent monitoring may be advisable.

The second issue is Soma or Carisopodol. The ODG does not support its use. It is chemically related to a tranquilizer. It can be hard to stop. The IRO reviewer knows of patients who find relief of muscle pain independent of the sedation or tranquilizing effect that is not replaced by other muscle relaxers. While the IRO reviewer would not recommend its use, there was nothing provided to demonstrate an adverse effect. Even the ODG acknowledges that, "The publications are guidelines, not inflexible prescriptions and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for specific conditions...but they cannot take into account the uniqueness of each patient's clinical circumstances." As such, if Dr. feels that the medication is providing significant benefit, then its ongoing use is medically necessary.

**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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)