



Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 1/26/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for Butalbital-APAP-Caff-Codeine 30-50-325 capsule, quantity 240.

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

Texas licensed anesthesiologist.

REVIEW OUTCOME:

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

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> 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.

The previously denied request for Butalbital-APAP-Caff-Codeine 30-50-325 capsule, quantity 240.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Notice of Utilization Review Findings dated 1/20/10.
- Quantity Supply Limit Restriction Detail (date unspecified)
- Rx Forms (date unspecified).
- Notes History (date unspecified) x 4.

There were no guidelines provided by the URA for this referral.

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

This female reported a work related injury on xx/xx/xx. The mechanism of injury was not provided. The claimant presented with a history of chronic headaches which had begun in August of 1987. She reported headaches in some form, every day, over the

past 22 years. She had treatment in the past performed by multiple medical specialists, physical therapy, medication management, and interventional pain management injections. She reported that she was suffering from tension headaches to occasionally include migraine headaches. She continued to take other type of medications for the relief of headaches to include Indocin, Soma, Zomig, and OxyContin. In addition to these medications, she reported that she was taking Fioricet, up to eight tablets a day. For breakthrough pain as related to headaches, she was taking Zomig as stated above. The recommendation is to uphold the previous adverse determination for the requested service. The ODG state, *“Headaches: not recommended, in particular, due to the risk of medication overuse headache.”* The current dosing of this patient, eight tablets per day for Fioricet with Codeine exceeds the manufacturer’s recommended daily maximum dose of six tablets per day. The insurance company’s guidelines are a direct reflection of the FDA guidelines (PDR 2010). Exceeding daily to daily dose, reports indicate, can lead to rebound headaches, opioid dependency, and increase the chance of liver toxicity from the Acetaminophen component of the medication profile. Of note, interaction with this medication may enhance effects of other narcotic analgesics, alcohol, general anesthetics, tranquilizers, sedative hypnotics, and other central nervous system (CNS) depressants to include muscle relaxants.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

Official Disability Guidelines (ODG), Treatment Index, 7th Edition (web), 2009, Pain – Opioids for chronic pain.

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).