

SENT VIA EMAIL OR FAX ON
Jul/05/2010

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/05/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Reimbursement for medication; Amitriptylin, Hydxcoco, Cyclobenzapr, Spriolactone

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)

Hydrocodone is medically necessary
Cyclobenzaprine is medically necessary
Amitryptiline is medically necessary
Spriolactone is NOT medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Dr. 4/24/09 thru 3/2/10

MRIs 7/10/09, 2/10/09, 5/21/09

XR Myelogram Lumbar 9/2/09

6/17/09

Electro-Diagnostics 2/11/09
Dr. 6/10/09
Pain Management 9/29/09 thru 6/18/10
DDE 3/11/10

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured on xx.xx.xx when he. He sustained a closed head injury and a back injury. He is in a pain program. He has ongoing back pain, headaches, tinnitus and vertigo. He was placed on Flexeril for the muscle spasms. These were ineffective and eventually on Zanaflex and Soma. He was on Norco and other hydrocodone medications and advance to Methadone. He was given Elavil and Cymbalta for neuropathic pain. The Cymbalta was eventually changed to Prozac. Dr. had him on Spirolactone and the Elavil. He was also being treated for insomnia and vertigo, common problems in post concussion syndrome.

Dr. evaluated him on 6/10/09 and wrote "...but the claimant states that he (Dr.) found that he had an elevated blood pressure and he put him on some medication for this elevated blood pressure."

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

Briefly this man has chronic back pain and sequelae of a post concussion injury. The medications are of concern. He had paid for most himself.

First, the muscle relaxer. Cyclobenzprine is a muscle relaxer. The ODG approves it for short-term treatment of muscle spasms. From experience, many people find that they use it for long-term purposes. It was ineffective and he was placed on the alternate medications. This however does not exclude the justification for its use. It has a physiological profile similar to amitryptiline. The question posed is justification for its use, and not for how long it was prescribed. Its use was medically necessary.

Cymbalta and amitryptiline are both antidepressants. The former has FDA approval for neuropathic pain from diabetes and fibromyalgia. The latter is often used off label for neuropathic pain. Both share one mechanism of action with each other and this overlaps with the effects of the cyclobenzaprine. Again the question is their medical justification, and not how they were used. Again, the use was medically necessary especially with insomnia and depression as noted in the ODG.

Hydrocodone is an opioid for pain. The role for management in chronic pain has been controversial, but accepted by a significant number of practitioners. It has risks. He reportedly had more flexibility on it, but it was being replaced by Methadone. This is a judgment call. He is responding, although incompletely. That would justify its use among some physicians and therefore the IRO reviewer's medical assessment is that it is medically necessary in this case.

Spirolactone is another issue. It was not in the chronic pain section. Dr. apparently used it for the man's vertigo. It can be used to control hypertension, but is not a first line drug. Dr. noted this man was on a hypertension medication and amitryptiline from Dr.. As a blood pressure medication, therefore the request is not medically necessary as its use for vertigo because it can actually cause vertigo in a small number of patients.

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)