



Specialty Independent Review Organization
Notice of Independent Review Decision

DATE OF REVIEW: 9/30/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 90 tablets of Hydrocodone/Acetaminophen 5/500 (1 tab p.o. b.i.d.-t.i.d.), 30 tablets of Nexium 40mg (1 tab p.o. q.d.), and 90 tablets of Lyrica 25mg (1 tab p.o. t.i.d.) between 8/9/10 and 10/8/10.

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

The reviewer is a Medical Doctor who is board certified in Internal Medicine. This reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding prospective medical necessity of Nexium 40mg (1 tab p.o. q.d.). The reviewer disagrees with the previous adverse determination regarding prospective medical necessity of 90 tablets of Hydrocodone/Acetaminophen 5/500 (1 tab p.o. b.i.d.-t.i.d.) and 90 tablets of Lyrica 25mg (1 tab p.o. t.i.d.) between 8/9/10 and 10/8/10.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
MD, , Inc., PC and Patient

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from, MD: Medical Necessity Letter – 8/31/10, Progress Note Narrative – 5/14/10-8/31/10.

Records reviewed from, Inc.: , DC Office Note – 5/28/10 & 7/20/10; DWC69 – 1/26/09(x2);, MD DDE report and notes – 1/26/09; , MD report – 4/1/10; Denial Letter – 7/15/10 & 8/16/10; , MD Denial letter – 8/13/10; , MD Pre-auth Request – 7/12/10 & 8/9/10, Prescriptions – 7/9/10(x3); , PA-C Return Office Visit Note – 5/28/10; , MD Denial Letter – 7/15/10; and ODG Pain Chapter – Opioids.
Record reviewed from Patient: Letter – 9/17/10.

Records reviewed from: letter- 9/17/10, denial letters- 7/15/10 and 8/13/10, DC office notes 12/5/06-5/28/10, Letter – 7/20/10, Interdisciplinary Pain Rehab Program – 4/28/08-5/12/08, Patient Referral – 3/5/08, MD X-ray report – 12/5/06 & 7/22/08, Outcomes

Assessment and Summary – 1/2/07 & 3/19/07; DWC53 – 11/20/06, Various DWC73s; MD – 1/18/07-7/5/07, Operative Report – 2/20/07, PT Notes – 3/12/07-4/2/07; Certificate of Medical Necessity – 3/22/07; LCSW Mental Health Assessment – 4/4/07, Psychological Testing and Interpretation report – 9/24/07; Lab Results – 4/11/07; MD Evaluation – 5/6/07; MD Bone Scan report – 5/8/07; PA-C Office Notes – 6/25/07; MD IME – 7/11/07; MD Procedure report – 8/6/07 & 10/29/07, Office Note – 10/11/07-7/20/10, Operative Report – 2/25/08; MD DDE report – 8/15/07; DWC69 – 8/15/07 & 1/12/09; PA-C Office Note – 8/27/07-12/12/07, Addendum – 9/11/07; MD Consult report – 2/18/08; Evaluation – 3/27/08, Psychology Progress Note – 4/28/08-5/12/08, Weekly Summary – 4/29/08-5/12/08, CPMP Progress Note – 4/30/08-5/8/08; MD Progress Notes Narrative – 4/1/08-12/11/09, FCE – 4/7/08, Treatment Plan – 5/6/08-5/12/08, QuickTox results – 3/6/09, 6/30/09, & 12/11/09, Office Notes – 6/30/09-3/12/10, Scripts – 7/9/10; Neurological Neuro-stimulator Data Sheet – 8/1/08; and, PA-C Office Notes – 3/30/10-5/28/10.

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female with depression and insomnia who suffered a work injury on xx/xx/xx when her hand became lodged in a case. She underwent medical evaluation on 7/11/07 and was felt to have a tear of the triangular fibro cartilage of the right wrist (as was noted on a 2006 MRI wrist) and not to have reflex sympathetic dystrophy. On 1/2/09 a designated doctor evaluation determined that she had a whole person impairment rating of 28%. She saw an orthopedist on five occasions in 2007 and was felt to have Dupuytren's disease of the palm but not reflex sympathetic dystrophy. She has been seen on numerous occasions by a pain specialist who felt she had reflex sympathetic dystrophy; she underwent placement of a spinal cord stimulator, stellate ganglion block, and right wrist arthroscopic surgery in 2007-2008. On disability evaluation on 1/26/09 she was felt to have right wrist strain, complex tear of the right wrist triangular fibrin cartilage status post repair, Dupuytren's contracture involving the right fourth and fifth digits, and reflex sympathetic dystrophy/complex regional pain syndrome of the right hand and wrist. She has been seen on a monthly basis by her primary physician for chronic pain and complex regional pain syndrome of the right upper extremity, with reduced range of motion, steadiness, and strength in the right hand. Her spinal cord stimulator remains functional and in place. Medications include Nexium 40 mg once daily, Lyrica 25 mg three times daily, hydrocodone/acetaminophen 5/500—3-4 times per day, elavil 100 mg at bedtime and Prozac 10 mg twice daily. She was also taking Aleve twice daily in May 2010 but not since then.

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

Official Disability Guidelines state that Lyrica is appropriate as a first-line treatment for diabetic neuropathy and postherpetic neuralgia. Although the claimant does not have either of these conditions, she does have complex regional pain syndrome, which has a significant neuropathic component. In addition, the drug has Category B evidence for chronic pain according to Micromedex. Thus, Lyrica is medically necessary; the dose 25 mg three times daily is appropriate for this condition and within FDA-approved dosing limits.

Official Disability Guidelines state that opioids (which hydrocodone is) are supported as efficacious for chronic neuropathic pain which has not responded to first-line recommendations (antidepressants, anticonvulsants); the claimant has failed Lyrica, an

anticonvulsant, and elavil, an antidepressant. ODG also states that acetaminophen is efficacious for chronic pain. Thus, hydrocodone / acetaminophen 5/500 is medically necessary; the dose prescribed, 1 tablet two to three times per day is within FDA-approved dosing limits.

Official Disability Guidelines do not address use of Nexium for complex regional pain syndrome. The claimant is not documented to have a condition for which the drug has FDA indication: peptic ulcer disease, Zollinger-Ellison syndrome, or prophylaxis against NSAID-associated gastropathy. The claimant was documented in May 2010 to be on Aleve, an NSAID, but was not documented as being on Aleve at office visits in July and August 2010. Thus, Nexium is not medically necessary.

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 KNOWLEDGBASE
- 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)
Physicians Desk Reference, 2010 edition
Micromedex 1.0
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)