

MEDRx

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Notice of Independent Review Decision

DATE OF REVIEW: 8/30/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 60 tablets of Robaxin (500mg), 60 tablets of Neurontin (300mg) and 1 box of 5% Lidoderm patches.

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 Orthopedic Surgery. 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 the the prospective medical necessity of 60 tablets of Robaxin (500mg), 60 tablets of Neurontin (300mg) and 1 box of 5% Lidoderm patches.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
and.

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from: handwritten progress notes 7/8/10 and 8/2/10 by Dr. and 1 page superbill 7/8/10 and 8/2/10.

Records reviewed from: 7/16/10 report by, MD, 7/9/10 reconsideration request, handwritten progress notes and superbills 1/7/10 to 8/2/10, 4/27/10 to 6/28/10 medication scripts, 7/2/10 denial letter, 7/2/10 report by MD, 1/7/10 preauth request, ODG guidelines for

case #64876, 12/9/09 operative report, 1/7/10 treatment plan, 2/12/09 TWCC 73, 11/24/09 report by, MD and 7/16/10 denial letter.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is status post L4-S1 decompression on 4/10/09. The claimant had post-operative back pain with radiation. Treatments included ESI's and multiple meds. An 11/24/09 dated RME discussed a degree of symptom magnification and lack of indication for ongoing treatment. A 7/8/10 dated Attending Physician record discussed a "failed back syndrome." Spasm was noted on exam, as was a degree of motor weakness. Medication included Neurontin for "neuropathic pain", Lidoderm patches to decrease Vicodin "dependence", and Robaxin for "constant" spasm. Diagnoses included chronic radiculopathy. Denial letters related to the lack of utilization of Lidoderm patches as first line, the lack of severity of spasms or indication for treatment on an ongoing basis, and, the lack of indication for Neurontin.

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

Applicable guidelines do not support the utilization of long-term muscle relaxants (such as Robaxin) and they are appropriate for acute painful spasms and back pain, as opposed to chronic.

Neurontin has not been shown to be effective in cases of chronic radiculopathy as it has been utilized for treatment of seizure disorders and neuropathic pain, not necessarily radicular in nature.

Results with and without Lidoderm patches have not been documented and therefore ongoing appropriateness (especially with documented potential symptom magnification) cannot be reasonably ascertained. Therefore, ongoing utilization of these medications is not medically necessary.

Reference: ODGuidelines

Muscle relaxants: 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. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence.

Gabapentin (Neurontin): is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain.

Criteria for use of Lidoderm patches: (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology.

- (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).
- (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points.
- (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.

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
- 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)