

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: April 11, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Prescribed medications: Pepcid 20mg, Flexeril 10mg, Ambien 10mg and Oxycontin 10mg. Dates of service of January 9, 2011 thru May 19, 2011. CPT Code: J8499

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

WHO REVIEWED THE DECISION:

DIPLOMATE, AMERICAN BOARD OF ANESTHESIOLOGY
DIPLOMATE, AMERICAN ACADEMY OF PAIN MANAGEMENT

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

PATIENT CLINICAL HISTORY:

This is a female who sustained a work related injury on xx/xx/xx. The patient sustained a right wrist injury when hit by a doorknob. The compensable injury, according to the insurance form submitted, is limited to right wrist and subsequently, as of April 13, 2010, has included the element of complex regional pain syndrome (CRPS) of the right side of the upper body only. The Carrier has disputed compensability for cervical spondylosis, osteopenia/osteoporosis, osteoarthritis, left hand, chest pain, and heart condition. High blood pressure, deep vein thrombosis, right knee Baker's cyst, right knee and derangement syndrome, CRPS to left arm and bilateral lower extremities, lumbar spine and thoracic spine abnormalities, hypertension, anxiety/depression, headaches, chest pain, GI reflux disease, hypoesthesia and hyperesthesia bilateral upper and lower extremities, and migraine headaches.

This patient has a significant past medical history reportedly, which is unrelated to the compensable injury, and is positive for all the above in addition to other medical conditions such as hypertension, bradycardia, chest pain, dizziness, anxiety, low potassium, headaches, photophobia, nausea, and ear pain that resulted from an unrelated fall in January of 2001.

As related to this compensable injury, this patient has received an extensive amount of treatment to include diagnostic studies (lumbar MRIs), multiple cervical trigger point injections, cervical epidural catheter placement for Clonidine infusion, EMG/NCV studies of the upper extremities, physical therapy programs, 21 sessions of acupuncture, and the use of medication management. In addition,

the patient has also received multiple stellate ganglion blocks, Bier blocks, and facet joint injections. Recently the patient underwent cervical spinal cord stimulator placement on January 14, 2011. There has been no documentation of any type subsequent to the placement of the spinal cord stimulator indicating the amount of pain management control and/or functional improvement.

Current medication management provided for this patient includes Norco, Lyrica, and Celebrex, which was approved via peer review as medically necessary and reasonable.

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

Pepcid: Listed in the drug class for the treatment of gastroesophageal reflux disease/ulcer treatment. From the information submitted the patient has never been diagnosed with any type of ulcer disease. There is no documentation to support the medical necessity of this medication. This medication should be discontinued. Gastrointestinal upset can be adequately managed with over-the-counter medications if necessary.

Flexeril: Listed in the drug class as a skeletal muscle relaxant for the management of acute muscle spasticity states. Evidence based guidelines ODG Guidelines do not support muscle relaxants for long term chronic use for functional improvement. There is no recent documentation submitted indicating functional improvement with this medication. The recommendation is to discontinue this medication as it is currently being used for a chronic condition. No weaning protocol is necessary.

Ambien: Listed in the drug class as a sleep hypnotic. Ambien is a non-Benzodiazepine sedative used for the treatment of insomnia and in generic form is not available. It is usually prescribed for 2-3 weeks at a time. If taken long term, it has the potential for addiction/habituation. Side effects from this medication include fatigue, sedation, drowsiness, memory loss, impaired motor and cognitive function, especially when used with other narcotics and sedative hypnotics. The short term use of this medication may be considered medically necessary and appropriate. However, this patient has been taking this medication for a long, extended period of time. ODG Guidelines recommend the use of this hypnotic medication be limited to short term treatment only with periodic evaluation and documentation of its effectiveness. There is no information indicating this. The recommendation currently is to discontinue this medication as not being medically reasonable or necessary. Weaning protocol should occur over a 2-3 week period.

OxyContin: Listed in the drug class as a narcotic analgesic for the relief of chronic long term pain. As stated in the brief summary, there has been no new medical information submitted indicating the objective/functional improvement with the current implantation of the cervical spinal cord stimulator. This information is crucial to help assist with the medication management of this patient. If the patient's pain has been improved with subsequent implantation of the spinal cord stimulator, then weaning protocol of this medication should be in order. With no new medical information provided, weaning recommendation should be enforced in accordance with ODG Guidelines. These Guidelines recommend reducing opioid by 10-20% every 2-4 weeks from the original dose. Therefore, it should take no more than 4 weeks to wean this patient from this medication. There is no danger of life threatening complications from withdrawal from this opioid. If the patient should develop symptoms of withdrawal, they can be safely managed with either oral Quinidine or Catapres patches to alleviate the withdrawal symptoms. However, withdrawal symptoms are not life threatening and are not a valid reason for discontinuation of a weaning protocol. If the patient has significant difficulty being weaned from this medication despite the use of these adjunctive medications, she should then be referred to a psychiatrist or addictionologist for formal outpatient detoxification. Inpatient detoxification, however, is not necessary for opioid weaning.

This medication review is for the dates of service from January 9, 2011, through May 19, 2011.

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)