



Southwestern Forensic  
Associates, Inc.

Amended November 28, 2011

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 11/21/11

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Medications to include Cymbalta 60 mg per day, fentanyl 75 mcg over 48 hours, Neurontin 400 mg three per day, Baclofen 10 mg three per day, Norco 10 mg q.4 h.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

\_\_\_\_\_ Upheld (Agree)

X  Overturned (Disagree)

\_\_\_\_\_ Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. Letter from Attorney, 11/11/11
2. URA findings, 8/31/11 to 9/28/11
3. Clinic for Special Surgery, injections, 3/25/03 to 10/28/03
4. Hospital Systems, X-ray/CT/Sonograms, 3/27/03 to 3/28/03
5. Bone and Joint Clinic, office notes, 9/5/03 to 8/30/04
6. Back Institute, office notes, 11/7/03 to 4/29/04
7. Imaging, cervical myelogram, 12/4/03
8. Hospital, , operative report, 4/9/04
9. Med. Center, PT notes, 4/15/04 to 5/10/04
10. Med Center of, ER/X-ray notes, 11/22/04
11. MD, office notes, 7/22/04 to 5/4/09
12. MD, RME, 9/20/04

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13. MD, peer review, 3/3/05
14. MD, RME, 4/13805 and 11/2/07
15. MD, RME/Peer review, 8/22/06 to 2/8/10
16. MD (PRIDE), treatment notes, 1/30/07 to 8/21/07
17. Attorney, Letter and administrative notes, 11/17/11
18. MD, office notes, 5/12/09 to 11/4/11
19. MD, office notes, 6/22/09 to 9/16/11

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This individual sustained a distal tibial fracture in xxxx. In spite of healing of the fracture, she developed signs and symptoms of CRPS in the left lower extremity, right upper extremity, right lower extremity, and later the left upper extremity. Numerous procedures were performed including lumbar sympathetic blocks and stellate ganglion blocks. There was limited improvement after these procedures. Spinal cord stimulator was placed for the lower extremity symptoms and another for the cervical symptoms. Cervical stimulator was revised in March 2011. Numerous medications have been utilized. A regimen similar to the current one has been utilized for the last several years. The patient's pain scale ranges between 4/10 to 8/10 with this regimen, and there are conflicting reports as to efficacy. The patient states that the medicines help sometimes, and the quality of life may or may not be improved.

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

ODG endorse Cymbalta if there is significant improvement in depressive symptoms, and it is approved for chronic pain. Fentanyl, an opiate, is endorsed if there is improvement in the comfort and functional status of the patient. Neurontin is indicated for neuropathic pain on a long-term basis. Baclofen is utilized for spasticity. Norco is another analgesic.

It is impossible to determine the efficacy of these medications. This individual clearly has an overwhelming psychosocial component to her pain complaints, but there are objective findings to support the diagnosis of CRPS of the upper and lower extremities. Independent examiners have opined that the treatment has been reasonable. In spite of this, at each office visit the pain scale remains high between 4/10 and 8/10, and the reports of efficacy varies between significant and none. I cannot determine whether ODG are met for the above medications. It is possible that the complaints and pain levels will remain the same regardless of what is prescribed.

This is a difficult case with over 1000 pages of records that were reviewed. It is unclear from the record whether medical necessity exists for each of the medications listed above. The treating doctor may try decreasing the medications gradually over the next two months to determine if the patient's clinical state deteriorates with weaning, per the ODG. If the patient's clinical status deteriorates after attempting to wean any new medicines, they could be reinstated at the previous dose.

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

*(Check any of the following that were used in the course of your review.)*

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)