



Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 02/10/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cyclobenzaprine 10 mg, one-half to one tablet every evening and every eight hours as needed for spasms, #30

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

Board Certified in Physical Medicine & Rehabilitation

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Cyclobenzaprine 10 mg, one-half to one tablet every evening and every eight hours as needed for spasms, #30 - UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY (SUMMARY):

It was documented that on the date of injury, xx/xx/xx, the patient developed difficulty with right shoulder pain and cervical pain when she was attempting to. She was employed as a.

The records available for review document that a right shoulder MRI scan accomplished on 11/19/08 revealed findings consistent with a partial bursal surface tear at the insertion of the supraspinatus. There were findings consistent with a bone contusion of the distal clavicle.

A cervical MRI scan obtained on 11/25/08 disclosed findings consistent with a disc herniation at the C5-C6 level. The report did not describe any findings worrisome for signal changes in the spinal cord or any findings worrisome for a compressive lesion upon any of the neural elements in the cervical spine.

A post Designated Doctor Required Medical Examination was conducted by Dr. on 03/09/09. This physician diagnosed the patient with adhesive capsulitis of the right shoulder. This physician did not place the patient at a level of Maximum Medical Improvement (MMI).

The patient was evaluated by Dr. on 11/18/09. This physician performed a Designated Doctor Evaluation. It was documented that a Functional Capacity Evaluation accomplished on 08/14/09 revealed that the patient was capable of sedentary work activities. It was documented that her pre-injury work activity was of a light duty level. It was also documented that a Functional Capacity Evaluation was accomplished on 05/15/09 and 05/18/09. It was documented that these assessments disclosed that she was capable of sedentary work activities. It was documented that there had been no surgical procedure performed with respect to the work injury of xx/xx/xx. This physician placed the patient at a level of MMI. She was awarded a total body impairment of 2%.

A Functional Capacity Evaluation was accomplished on 12/03/09. The study was found to be an invalid study. The study indicated the patient was capable of sedentary work activities.

The patient was evaluated at Center on 03/19/10. This document consisted of handwritten notes, difficult to read. It was recommended that consideration be given for treatment in the form of chiropractic care.

The patient was evaluated at Office on 12/29/10. On this date, she was diagnosed with a contusion of the clavicle, a supraspinatus muscle strain, and a cervical disc herniation.

The patient was evaluated by Dr. on 01/13/11. There were no focal neurological deficits noted to be present on physical examination. It was felt that the patient could partake in work activities with no restrictions

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

The date of injury is over years in age. The records available for review would support that the primary medical condition referable to any effected physical structure of the body with respect to the work injury of xx/xx/xx would be limited to that of a muscular strain, and musculoskeletal strain is a medical condition that would be typically considered self-limiting in nature. It should be noted that a Functional Capacity Evaluation obtained on 12/03/09 was found to be an invalid study. It is also documented that there was release to full duty work activities per a medical evaluation dated 01/13/11. Official Disability Guidelines do support medical necessity for utilization of Cyclobenzaprine for management of acute muscle spasms but do not support a medical necessity for utilization on a long-term/ongoing basis. Thus, per criteria set forth by the above-noted reference, medical necessity for utilization of Cyclobenzaprine in this specific case would not be considered to be of medical necessity. Per criteria set forth by the above-noted reference, medical necessity for this specific request is not established.

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)**
- AMA GUIDES 5TH EDITION**