

SENT VIA EMAIL OR FAX ON  
Feb/01/2011

# Applied Assessments LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jan/31/2011

**IRO CASE #:**

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

Medications: Topiramate 50mg #120; Opana ER 10 mg #90; and Hydrocodone 10/325mg #90

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

Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in Pain Management  
Subspecialty Board Certified in Electrodiagnostic Medicine  
Residency Training PMR and ORTHOPAEDIC SURGERY

**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 SUMMARY**

This lady was injured in xxxx. She subsequently had a lumbar laminectomy and then a fusion at L5/S1. She continued to have pain. Dr. started seeing her two years ago. He has been treating her for the pain with Opana ER, hydrocodone and topamax. She had a spinal stimulator inserted in June 2010 complicated by a wound infection. It provides some relief but triggers off headaches. Dr. did a peer review and advised weaning her from the medications. In turn, this lady developed withdrawal symptoms.

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

The issue apparently lies on the use of opiates for the management of the chronic pain, and the use of an AED for neuropathic pain. The use of opiates has been controversial for years and remains a subject of government interest in concern about diversion. Nothing was provided to suggest diversion was present. She reportedly had withdrawal symptoms, which supports her using these analgesics.

One issue discussed in the ODG is how the opiates effect the benefits of a chronic pain program. In another section, the ODG remarks that opiates “**may be used to manage both acute and chronic pain.**” As noted, the hydrocodone combinations are used for breakthrough pain. Opana is a long lasting pain killer for “**around-the-clock analgesia.**” There is a whole section of the ODG discussing the appropriate use of opiates for chronic pain. The IRO reviewer could not see whether a consent for treatment was signed by the lady. There is a limited value of opiates for the use in neuropathic pain, but she was receiving them for nociceptive pain and the AED for neuropathic pain. Her withdrawal symptoms are consistent with dependency. She apparently had no signs of addiction. Further, the ODG states “**(a) Do not attempt to lower the dose if it is working**  
**(b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations.**”

As the ODG notes, “**There is a lack of expert consensus on the treatment of neuropathic pain....The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions.** See also specific drug listings below:... [Topiramate](#) (Topamax®);”

**A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain....**

**Outcomes: A “good” response to the use of AEDs has been defined as a 50% reduction in pain and a “moderate” response as a 30% reduction.** Unfortunately, the quantitative numbers were not provided, but she was able to return to work supporting a qualitative improvement.

**Topiramate (Topamax®. no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of “central” etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. ([Rosenstock. 2007](#))**

Therefore, the ODG recognizes a role for the AED and the opiates for the mixed bag of nociceptive and neuropathic pain following failed back syndrome. It is controversial, but is approved when effective. It allowed this lady to work. Therefore its use is medically justified and necessary.

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

ACOEM-AMERICA 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)