

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: JULY 15, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of the reimbursement of medications of Cymbalta and Tylenol

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	NDC	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.83	Tylenol	00182845389	Retro	120		14.11			Overturn
722.83	Cymbalta	00002327030	Retro	30		115.02			Uphold

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-19 pages

Medical Center records- a total of 140 pages of records received to include but not limited to: request for an IRO forms; TDI letter 6.8.11; OIEC letter 5.12.11; SIRO report 2.23.11; RME reports 11.10.04, 8.3.10; MCN reports 2.21.07-10.3.08; patient letter 6.1.11; Dr record 4.20.11; contents of medical records; Order NO.94-41301; Hospital OP report 6.17.1992-6.24.1992;

Hospital report 9.27.1994-6.2.1997; Medical Center 1.31.1995; letter Dr. D. I 2.10.04; records Dr. 12.4.09-10.7.10; letter 8.10.10

URA records- a total of 17 pages of records received to include but not limited to:
TDI letter 6.8.11; RME report 8.3.10; Dr. note 4.20.11; patient letters 4.20.11, 5.12.11; copies of receipts

Dr. records- a total of 6 pages of records received to include but not limited to:
Letter from Dr. 7.5.11; record 4.20.11

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with a copy of the August 3, 2010 required medical evaluation completed by Dr.. It is noted that the claimant is a lady who was injured on xx/xx/xx. The injuries were to the cervical and lumbar regions of the spine. The presenting complaints in 2010 were low back and leg pain. The past surgical history is significant for a multiple level lumbar fusion dating back to 1992 and a multiple level cervical fusion dating back to 1994. The claimant was noted to have some degenerative changes on physical examination. It was noted that the only medication being prescribed at that time was for the noted depression. It was also noted that the cervical spine fusion was solid, as was a lumbar spine fusion. Dr. felt no further treatment was needed subsequent to that date of evaluation.

Additionally, Dr. felt that Cymbalta was not clinically indicated.

Dr. also completed a clinical evaluation on April 20, 2011. A prescription for Tylenol Extra Strength® was written in place of the non-steroidal anti-inflammatory medication. Additionally, a prescription for Cymbalta was written.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta®) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). Although, in this case there is not a neuropathic pain situation and there is no diabetic neuropathy, anxiety disorder or depression. Therefore, this would not be clinically indicated.

Regarding the Tylenol, it is recommended for treatment of acute pain, chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case-by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs.

RECOMMEND: There is a clear clinical indication for the Tylenol but not for the Cymbalta.

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES