

SENT VIA EMAIL OR FAX ON
Jun/23/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Norco 10 mg 1 tab by mouth every 8 hours as needed break thru pain #45 no refill; Flexeril 10 mg 1 tab by mouth at bedtime as needed Spasms #30 no refill

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

M.D. Board Certified in Anesthesiology and 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)

Norco 10 mg 1 tab by mouth every 8 hours as needed for breakthrough pain #45 no refills IS medically necessary.

Flexeril 10 mg 1 tab by mouth at bedtime as needed spasms #30 no refills is NOT medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

1. Request for IRO
2. Carrier submission dated 06/10/11
3. Clinical records Dr.
4. Utilization review determination dated 04/22/11
5. Utilization review determination dated 05/04/11
6. Medication records
7. Pump refill data sheets
8. Operative report dated 04/21/04
9. Required medical evaluation dated 10/07/05
10. IME dated 12/08/06
11. Procedure reports lumbar epidural steroid injections
12. RME dated 11/04/08
13. Clinical records Dr.
14. RME Dr. dated 06/08/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a XX year old male who is reported to have date of injury of XX/XX/XX. On the date of injury the claimant was adjusting timing on a machine when he developed low back pain. Records indicate the claimant was evaluated and underwent conservative

treatment, failed to make improvement and ultimately underwent a two level spinal fusion. He was diagnosed with failed back surgery syndrome and underwent a trial of intrathecal narcotics and later underwent permanent implantation of intrathecal narcotic pump. It is noted this pump was approved for replacement on 05/25/10. The submitted clinical records indicate the claimant has been followed by Dr. for years. The records as provided indicate the claimant's basal rate has remained at 3.3550 since 2009. The claimant historically has been provided Norco 10 mg 1 po q8hs prn for exacerbations of pain. He is provided 45 tablets per month. He additionally is provided Flexeril 10 mg 1 po qhs prn muscle spasms #30.

On 04/22/11 the request was reviewed by Dr. who notes that a peer review performed by Dr. noted Hydrocodone with Acetaminophen would be reasonable for breakthrough pain. She reported, however, regarding Norco there is no clear documentation that prescriptions are from single practitioner, taken as directed, the lowest possible dose, and that there will be ongoing review of documentation for pain relief, functional status, appropriate medication use, and side effects. She further noted that regarding Flexeril, current evidence based guidelines do not consistently support muscle relaxers in management of chronic pain. She opines the request is not medically necessary.

The appeal request was reviewed on 05/04/11 by Dr. Dr. opines that the requests are not medically necessary. He reported the documentation elaborates on the claimant complaining of low back pain with associated lower extremity radicular pain. He reported current evidence based guidelines recommend Norco and Flexeril provided the claimant meets specific criteria. He indicates there is no documentation provided detailing how frequently the patient requires Norco for breakthrough pain, the reduction of pain as perceived, how long relief is sustained, and no documentation regarding improvement of patient's physical and psychosocial functioning with pain management. He opines given the lack of documentation regarding the claimant's frequency or physical improvement, the request is not medically necessary.

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

The request for Norco 10 mg 1 tab by mouth every 8 hours as needed for breakthrough pain #45 with no refills, Flexeril 10 mg 1 tab by mouth at bedtime as needed for spasms #30 with no refills is partially overturned. The submitted clinical records indicate the claimant has failed back surgery syndrome. Records indicate the claimant routinely receives pump refills and has no change in basal rate of pump since Fall of XXXX. There is no indication in the record that the claimant is noncompliant or there are issues with diversion. The record indicates the claimant receives a monthly prescription for Norco 10 mg for breakthrough pain which translates to 1.5 tablets per day. Based on the clinical information provided, this is a reasonable treatment recommendation, and the use of opiate medications for breakthrough pain was endorsed by Dr. in a 06/08/10 RME examination. Of note, Dr. recommends against continued use of Flexeril 10 mg noting that potential adverse effects with comorbid cardiac conditions. The records as provided do not indicate the claimant has any documented myospasms on examination, and therefore, the continued use of Flexeril 10 mg 1 by mouth at bedtime would not be clinically indicated, and is clearly not supported by current evidence based guidelines.

It would be noted that the previous reviewing physicians provide valid constructive criticism of Dr. record keeping and data contained in the clinical record. However, it is clear from the serial records that the claimant is stable with intrathecal pump and provision of Norco for breakthrough pain. based on the totality of the clinical data submitted, the previous denials are partially overturned with approval for Norco 10 mg tablets 1 by mouth every 8 hours for breakthrough pain #45 no refills and denial of Flexeril 10 mg 1 tab by mouth at bedtime as needed for spasms #30 no refills.

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)