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Notice of Independent Review Decision

DATE OF REVIEW: 03/04/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Prescriptions for Nortripyline HCL 50 mg. cap and Cyclobenzaprine 5 mg. tablet

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

Board Certified in Orthopedic 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)

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.

Prescriptions for Nortripyline HCL 50 mg. cap and Cyclobenzaprine 5 mg. tablet -
Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

MRIs of the lumbar spine interpreted by D.O. dated 10/31/02 and 04/27/06
A thoracic myelogram CT scan interpreted by an unknown provider (no name or signature was available) dated 04/08/03
Designated Doctor Evaluations with M.D. dated 05/01/03 and 03/31/05
MRIs of the cervical spine interpreted by M.D. dated 02/02/04 and 04/11/05
A medical documentation review from M.D. dated 02/10/08
A PLN-11 form from the insurance carrier dated 08/09/08
Evaluations with D.O. dated 05/24/10, 12/09/10, 12/23/10, and 01/06/11
A Required Medical Evaluation (RME) with M.D. dated 11/30/10
A letter written "To Whom It May Concern" from M.D. dated 12/07/10
An evaluation with M.D. dated 12/21/10
Medication prescriptions for the patient from Dr. dated 12/27/10, 12/29/10
A letter written "To Whom It May Concern" from Dr. dated 01/20/11
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

An MRI of the lumbar spine interpreted by Dr. on 10/31/02 showed desiccation at L5-S1 with a generalized disc bulge. A thoracic myelogram CT scan on 04/08/03 showed very slight ventral flattening of the thecal sac at T7-T8 and a mild thoracic scoliotic curvature. On 05/01/03, Dr. felt the patient was not at Maximum Medical Improvement (MMI) and recommended further workup and/or treatment of the thoracic spine. An MRI of the cervical spine interpreted by Dr. on 02/02/04 showed a central disc protrusion at C4-C5 that abutted the ventral aspect of the cord and a mild disc bulge at C5-C6. On 03/31/05, Dr. placed the patient at statutory MMI as of 02/24/05 with a 15% whole person impairment rating. An MRI of the cervical spine interpreted by Dr. on 04/11/05 was unchanged from the previous MRI on 02/02/04. An MRI of the lumbar spine interpreted by Dr. on 04/27/06 showed a generalized disc bulge at L5-S1, mild bilateral facet hypertrophy at L4-L5, and suggestion of a posterior annular fissure with disc desiccation at L5-S1. On 02/10/08, Dr. recommended no further treatment for the original injury other than a home exercise program and continued medications for the depression and anxiety, but not for the original injury. A PLN-11 form on 08/09/08 indicated that the cervical strain, lumbar strain, and thoracic strain were compensable, but not fibromyalgia pain syndrome.

On 05/24/10, Dr. recommended continued therapy, possible injections, increased Pamelor, and continued Lyrica and Lortab. On 11/30/10, Dr. stated he saw no reason for ongoing formal treatment and felt her medication should be weaned to over-the-counter medications and a home exercise program should be performed. On 12/07/10, Dr. wrote a note stating the patient had depression in 2003 and had been tried with different anti-depressants and noted the patient could not work because of difficulty with her memory and concentration and could hardly function with her depression. On 12/23/10, Dr. recommended continuation of Lyrica. On 01/06/11, Dr. recommended continuation of Nortriptyline, Klonopin, and Lyrica. On 01/20/11, Dr. recommended continued referrals to the pain management specialist and medication as part of the original

injury. On 01/27/11, the patient provided pharmacy receipts for Nortriptyline and Cyclobenzaprine dated 12/27/10.

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

Cyclobenzaprine is recommended by the Official Disability Guidelines (ODG) only as an option for a short course, either initially following the acute trauma or for exacerbations of chronic pain. It is not recommended for full time use and is not recommended for multi year, chronic use. In regard to Nortriptyline, it is encouraged for use only in patients to whom depression is an accepted portion of the claim. Nortriptyline is most useful in the treatment for such conditions as fibromyalgia, which this patient appears to suffer from. Fibromyalgia is not an occupational condition. The Nortriptyline is neither reasonable nor necessary for the treatment of her chronic axial pain, for which an anatomic basis has not been substantiated. At the current time, neither the prescriptions for Nortriptyline HCL 50 mg. cap and Cyclobenzaprine 5 mg. tablet medications are reasonable nor necessary based upon the criteria as set forth in the ODG.

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 AND KNOWLEDGE BASE

- 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

X 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)**