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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/24/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lidoderm patch 5% #60 per month with approval for 12 months

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines
Utilization review determination dated 03/17/11
Utilization review determination dated 04/20/11
Clinical records Dr. dated 11/09/10, 12/28/10, 03/09/11, 03/24/11, 04/13/11
MRI cervical spine dated 06/23/08
Peer review dated 03/15/02
Toxicology report dated 07/12/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female who is reported to have sustained work related injuries to her neck on xx/xx/xx. Records indicate she had 28 weeks of physical therapy in 2006 and 2001, 3 weeks in 2002. She underwent an anterior cervical fusion. The record includes MRI of cervical spine dated 06/23/08, which was compared against previous studies performed on 08/24/05 and CT myelogram on 07/25/05. This study notes interval removal of previously described disc fragment on left at C6-7, minimal bilateral foraminal stenosis at C3-4 and C4-5, mild central canal narrowing at C4-5 and C6-7. There is evidence of fusion performed at the C5-6 level.

The first available record from Dr. is dated 11/09/10. She is reported to have postlaminectomy syndromes at lumbar and cervical spine. She is noted to have undergone cervical RFTC with no significant improvement. At this time her medication profile included Lidoderm patches, Ultracet prn and Ambien 20 mg qhs. The records indicate the claimant had cervical epidural steroid injections and bilateral occipital blocks on 01/22/04. She has undergone cervical discography on 06/17/05, which is positive at C4-5 and negative at C6-7 with fusion at C5-6 level. On 01/23/09 she underwent medial branch blocks on left at C3 and C4, which gave her 100% relief during anesthetic phase. On 05/01/09 the claimant

underwent medial branch blocks on left, which provided 75% improvement. Blocks at C3-4 gave her 100% relief. She subsequently underwent RFTC with 0% relief. She has been compliant with urine drug screen, which notes the claimant is compliant with treatment plan. Records indicate the claimant has chronic cervical pain possibly facetogenic in origin and cervical degenerative disc disease. The records indicate that there has been no substantive change in the claimant's condition. She remains stable on her medication profile. The clinical records indicate the claimant received benefit from Lidoderm patches. Clinic note dated 03/24/11 notes the Lidoderm patches decrease the claimant's myofascial pain in neck and shoulder region, and she reported she was not able to work without the use of this medication. She is reported to have developed sedation with use of Ultracet.

On 03/17/11 the request was reviewed. The advisor recommends approving Ultracet for six months only. A subsequent appeal request was reviewed on 04/20/11. The injured employee was subsequently approved for a three month supply of Lidoderm patches for a total of 30 rather than 60. The issue in dispute is Lidoderm patch 5% #60 per month with approval for 12 months.

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

The submitted clinical records indicate that the injured employee has both a failed cervical and lumbar surgery syndrome. She has been identified as having chronic myofascial pain for which she has been prescribed Lidoderm 5% patches for greater than a one year period of time. The records indicate that the injured employee received significant relief of her myofascial pain allowing her to be highly functional. As a result the previous determination is overturned and the request for Lidoderm patch 5% #60 per month with approval for 12 months is deemed by the reviewer to be medically necessary and supported under current evidence based guidelines.

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)**