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Notice of Independent Review Decision

Date notice sent to all parties: 06/21/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Prescriptions for Hydrocodone, Lyrica, and Soma on 01/23/12, 04/18/12, and 05/11/12

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Spinal Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

☐ Overturned (Disagree)

X Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Prescription for Hydrocodone on 01/23/12, 04/18/12, and 05/11/12 – Overturned
Prescription for Lyrica on 01/23/12, 04/18/12, and 05/11/12 – Upheld
Prescription for Soma on 01/23/12, 04/18/12, and 05/11/12 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

An unknown provider examined the claimant at on xxxx for MRI review. The impressions were acute disc herniation at L5-S1 and syncope. A Medrol Dosepak and Vicodin were prescribed. A CT scan of the head was normal on xxxxx. A lumbar CT scan on xxxxx revealed a large left paracentral disc herniation at L5-S1 with left SI nerve root abutment. The lumbar MRI the same day revealed a large left paracentral disc herniation with extruded fragment at L5-S1 extending superiorly from the disc margin, displacing the left S1 and probable L5 nerve roots. On 04/19/07, Dr. noted there was Doppler evidence of a left peroneal vein with evidence of DVT in the proximal portion. A lumbar ESI on the left at L5-S1 was performed on 04/23/07. Dr. examined the claimant initially on 05/10/07. He was referred to vascular surgery for thrombophlebitis and it was noted he would possible need surgery. Dr. performed a left sided ESI on 07/10/07. Dr. performed an L5-S1 Gill with lateral release, L5 and S1 foraminotomies bilaterally, decompression of the lateral recess stenosis, facetectomy, and L5-S1 microdiscectomy on 08/06/07. On 09/24/07, Dr. prescribed Norco, Soma, and Lyrica. On 11/19/07, Norco was refilled. He had paresthesia into the feet bilaterally and reported a recent fall. Dr. performed a DDE on 12/26/07. He had low back pain and he was five feet one inch tall and weighed 205 pounds. He had no tenderness to palpation and straight leg raising was negative to 90 degrees bilaterally in the seated position. Knee and ankle jerks were 2+ bilaterally and he still had numbness in his feet, especially in the plantar aspect. Flexion was 30 degrees, extension was 25 degrees, and bilateral side bending was 20 degrees. The diagnosis was preexisting spondylosis with spondylolisthesis at L5-S1 accompanied with a large disc herniation at L5-S1 treated with discectomy and fusion, as well as a Gill procedure with decompression. Dr. felt the claimant had not reached MMI, as he had a lack of healing of his L5-S1 fusion. On 06/02/08, Dr. prescribed Soma, Norco, and Lyrica, as well as Effexor. Dr. performed anterior exploration of L5-S1 and removal of implant of L5-S1 anterior lumbar fusion on

09/22/08. On 12/22/08, the claimant noted he was using a TENS unit with some relief. Dr. refilled Soma, Norco, and Lyrica and Effexor was discontinued. Dr. performed a bilateral ESI at L5 on 06/09/09. Dr. noted on 12/09/09 that he disagreed with the impairment rating assigned, as he felt the claimant was DRE Category IV for a 20% impairment. Dr. refilled Soma, Lyrica, and Norco on 03/01/10. Dr. examined the claimant on 08/09/10 and he recommended revision surgery. Cialis was prescribed by Dr. on 10/20/10. Dr. performed removal of pedicle screw instrumentation at L5-S1, exploration of fusion, revision of posterior spinal fusion, and bone marrow grafting on 12/13/10. On 01/07/11, Dr. reexamined the claimant. Physical therapy was recommended and Arthrotec and Zanaflex were prescribed. The claimant attended physical therapy from 01/24/11 through 03/02/11. On 02/21/11, Codeine and Morphine, as well as Meprobamate were detected on a drug screen. Dr. performed a spinal cord stimulator trial on 03/21/11. On 04/11/11, Dr. discontinued Soma 250 mg. and prescribed 350 mg. in its place. Norco and Lyrica were also refilled. Another urine drug screen on 06/13/11 revealed Hydrocodone and Morphine. On 09/28/11, Dr. refilled Norco, Soma, and Lyrica. On 03/19/12, Dr. noted a urine drug screen would be performed. His medications were not refilled at that time. His medications were continued on 04/18/12, but no new prescriptions were provided. On 05/16/12, the claimant informed Dr. that the spinal cord stimulator trial was unsuccessful and it was removed. He was released by Dr. on 04/11/11. A two month follow-up was recommended and no prescriptions were provided at that time. An undated DWC-62 noted the medications filled on 01/23/12, 04/18/12, and 05/11/12 were not necessary per the ODG. Receipts for Lyrica, Carisoprodol, and Hydrocodone/APAP were provided dated 01/23/12, 04/16/12, and 05/11/12.

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

The prescriptions for Hydrocodone on 01/23/12, 04/18/12, and 05/11/12 noted above are reasonable and necessary. The attending physician is documenting the effectiveness of the narcotic medications and is performing random urinary drug screens. The ODG does permit the ongoing use of narcotic medications in a chronic pain situation when function is enhanced and pain is decreased. It would appear in this case that those prerequisites are met and the documentation is appropriate.

Lyrica, prescribed on 01/23/12, 04/18/12, and 05/11/12, on the other hand is neither reasonable nor necessary. While the ODG does endorse the use of Lyrica for radiculitis and other conditions such as herpetic neuropathy, it is not indicated for the chronic pain this claimant is sustaining. The claimant does not have radicular signs or symptoms; therefore Lyrica is neither reasonable nor necessary.

The ODG also does not endorse the ongoing use of Carisoprodol (Soma), which was also prescribed on 01/23/12, 04/18/12, and 05/11/12. The medication is not indicated for long term use as its primary active metabolite is Meprobamate. It has significant sedative effects. A withdrawal syndrome has been documented, so weaning is necessary. The ODG, however, does not endorse the ongoing use of chronic anti-spasm medications and this medication should not be replaced.

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 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**
- X **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)