

Notice of Independent Review Decision

DATE OF REVIEW: 10/10/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

1) Avinza 120mg #180, take 2 every 8 hours. 2) Neurontin 800mg #90, take 1 every 8 hours. 3) Flexeril 10mg #90, take 1 every 8 hours. 4) Klonopin 1mg #30, take 1 at hour of sleep. 5) Lidoderm patches #90, 1-3 patches per day, PRN 6) Protonix 40mg #30, take 1 daily. 7) Compounded topical cream: Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, gapapentin 6%, Lidocaine 2% compounded topical cream 180 GM, 1-2 grams per day 3-4 times daily as needed for pain.

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

The TMF physician reviewer is board certified in pain management with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the 1) Avinza 120mg #180, 2) Neurontin 800mg #90, 3) Flexeril 10mg #90, 4) Klonopin 1mg #30, and 5) Lidoderm patches #90, are medically necessary to treat this patient's condition. However, it is determined that the 6) Protonix 40mg #30, and the Compounded topical cream: Diclofenac

3%, Baclofen 2%, Cyclobenzaprine 2%, gabapentin 6%, Lidocaine 2% compounded topical cream 180 GM are not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 10/02/12
- Decision letter – 09/27/12
- Letter
- Pain Management Progress Notes– 08/01/12
- Independent medical evaluation – 09/28/10, 05/31/11, 08/09/12
- Letter – 10/03/12
- Operative Report – 09/10/04
- Report of MRI of the lumbar spine – 08/27/04
- Post laminectomy x-rays of the lumbar spine – 08/10/04
- Post surgical pathology report – 09/10/04
- Report of cervical spine x-rays – 10/11/04
- Report of lumbar spine x-rays – 11/24/04, 02/14/05, 05/27/05, 05/13/11
- Post visit letter from – 09/01/04
- Risk and Benefit Note– 09/09/04
- Post op follow up office visit note by– 09/24/04
- Progress notes by Dr.
- History and Physician–Report of CT of the lumbar spine – 06/10/11

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx resulting in injury to his lower back. He has been treated with surgery, physical therapy and medications. He is under the care of pain management physician and the insurance carrier had denied payment for the medications associated with his pain management.

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

ODG Guidelines have been met and the following medications are determined to be medically necessary to treat this patient's condition:

- Avinza - Avinza is an opiate and the ODG Guidelines endorse chronic opiate medications if there is improvement in comfort and function and this is well documented.
- Neurontin - Neurotin is a co-analgesic that can enhance the efficacy of opiates and relieve neuropathic pain. The ODG Guidelines are met for its continued use.
- Flexeril - Flexeril is a muscle relaxer. The ODG do not recommend muscle relaxants for chronic pain and therefore, even though they are appropriate for now, they should be tapered and discontinued after two weeks.
- Klonopin – Klonopin is a benzodiazepine and is safer than other benzodiazepine medications and meets the ODG Guidelines for chronic pain.

- Lidoderm patches - Lidoderm patches may be effective for localized peripheral pain per the ODG Guidelines and can be effective for low back pain as well. Therefore, these should be continued.

The ODG Guidelines have not been met and the following medications are determined to not be medically necessary:

- Protonix – Protonix is a proton pump inhibitor. There is no recent documentation of stomach irritation from other medications to warrant continuing this medication and it should be discontinued.
- Compounded topical cream: Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, gapapentin 6%, Lidocaine 2% compounded topical cream 180 GM – The ODG Guidelines do not find studies documenting the efficacy of creams. It is not recommended and should be discontinued.

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 KNOWLEDGBASE
- 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)