# I-Decisions Inc.

**An Independent Review Organization**
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Aug/30/2012

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
Lyrica 75mg #90 one 3x a day with 2 refills, and Norco 10 #90 one 3x a day

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**
M.D., Board Certified Orthopedic Surgeon, Practicing Neurosurgeon

**REVIEW OUTCOME:**
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[ X ] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute.** The reviewer finds medical necessity is not established for Lyrica 75mg #90 one 3x a day with 2 refills, and Norco 10 #90 one 3x a day.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**
ODG - Official Disability Guidelines & Treatment Guidelines
MRI right wrist 03/14/05
Clinical notes 11/20/06-07/13/12
Operative report 02/02/10
Prior medical examination 12/05/11
Drug screen reports 05/06/11 and 11/15/11
Pharmacy services worksheet 12/20/10

**PATIENT CLINICAL HISTORY [SUMMARY]:**
This patient was performing normal activities at work. No focal trauma was reported. The patient is status post multiple epidural steroid injections and had a spinal cord stimulator implanted in February of 2010. Following the spinal cord stimulator implantation the patient was continually prescribed hydrocodone. The patient's provided drug screens do reveal consistent findings for hydrocodone metabolites. A required medical examination on 12/05/11 stated the patient continued to report pain from 0-6/10 on the VAS scale. Patient did report benefits from her spinal cord stimulator as well as medications. Medications at this visit included Zolpidem 10mg, gabapentin 400mg, and venlafaxine 150mg a day. Physical examination revealed no evidence of focal neurological deficits in the upper extremities or lower extremities. There was a left elbow scar from a prior nerve release, which did not benefit the patient. A battery pack was palpable in the right flank. The patient presented with a tearful affect and depressed mood. BDI score was 19 consistent with mild depression and BAI score was 41 consistent with severe anxiety. MCMI testing revealed findings consistent with anxiety and somatoform issues. MMPI testing was valid, and there was evidence of possible over reporting and somatic complaints at this visit. The patient denied taking hydrocodone although drug screen testing showed positive results. Follow up with stated the patient was compliant with taking Norco three times per day. The patient stated she was working on reducing pain medications. Physical examination on 03/20/12 did reveal mild mottling in the palmar aspects of both hands with minimal hyperesthesia.

Follow up on 06/11/12 states the patient continues to take hydrocodone three times per day as well as Lyrica 75mg twice a day. Patient has stated to be more functional and active after having her spinal cord stimulator reprogrammed. The patient stated that she could perform normal activities of daily living. Follow up stated the patient continued to have complaints of severe pain in the upper extremities spreading to the lower extremities. The patient did report excellent relief with a spinal cord stimulator. The patient stated that she could not stand her pain when the spinal cord stimulator was turned off. The patient also reported increased pain due to discontinuation of medications. The patient's spinal cord stimulator was reprogrammed at this visit.

The request for Lyrica 75mg 90 one three times a day with two refills 90862, and Norco 10 90 one three times a day 90862 was denied by utilization review on 06/25/12 as there were no recent physical examinations which established the presence of neurological neuropathic compromise to warrant the use of Lyrica, and there was no quantification of response to both oral medications and a spinal cord stimulator. The request for Norco and Lyrica was again denied by utilization review on 08/07/12 as neither Norco or Lyrica are approved for treating complex regional pain syndrome, and there was no evidence based medicine literature to support the use of Norco or Lyrica in the treatment of chronic regional pain syndrome.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**
The patient has had a long-term history of chronic pain and has been assessed with chronic regional pain syndrome. There are no objective findings provided for review to support the diagnosis of chronic regional pain syndrome, and current evidence based guidelines do not support the use of Lyrica or Norco in the treatment of chronic regional pain syndrome. Although the patient has been stated to have significant functional improvement at home and with activities of daily living, there are no recent physical examinations, which document the progression of functional improvement by measuring by providing measurements or functional abilities. No functional capacity evaluations or other methods of quantifying the patient's functional response to narcotic pain medications were provided for review. Additionally there is no objective evidence of any neuropathic process that would reasonably require the use of Lyrica continuing use of Lyrica. The patient's pain scores are not fully documented and no other supporting documentation such as pain diaries were provided for review to support the continued use of narcotics. It is also unclear from the clinical documentation what amount of the patient's pain relief was secondary to the spinal cord stimulator versus narcotic pain medications alone. The clinical documentation provided for this review does not fully support the use of Norco or Lyrica in the treatment of chronic complex regional pain syndrome and is not consistent with guideline recommendations. The reviewer finds medical necessity is not established for Lyrica 75mg #90 one 3x a day with 2 refills, and Norco 10 #90 one 3x a day.

**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**
**[ 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)**