



Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 10/30/13

IRO CASE #:

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

Texas-licensed M.D., board certified in Anesthesiology, added qualifications in Pain Medicine

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Prescription medications Lyrica 75mg #10, Klonopin 2mg #30, Effexor 150 #60, Norco 10 #90.

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)

| <i>Primary Diagnosis Code</i> | <i>Service Being Denied</i> | <i>Billing Modifier</i> | <i>Type of Review</i> | <i>Units</i> | <i>Date(s) of Service</i> | <i>Amount Billed</i> | <i>Date of Injury</i> | <i>DWC Claim #</i> | <i>Upheld Overturn</i> |
|-------------------------------|-----------------------------|-------------------------|-----------------------|--------------|---------------------------|----------------------|-----------------------|--------------------|------------------------|
| 337.20 | 99607 | | Prosp. | | | | Xx/xx/xx | | Upheld |

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI case assignment.
2. Letter of denial 10/04/13, including criteria used in the denial.
3. Treating doctor evaluations and follow up 11/08/11 -09/13/13.
4. Operative report 07/28/11.
5. ODG-TWO treatment guidelines – low back – lumbar & thoracic

PATIENT CLINICAL HISTORY (SUMMARY):

This claimant sustained a repetitive pulling/lifting/bending injury on xx/xx/xx. She has had multiple procedures on her left wrist and arm and her right shoulder. Physical therapy has been performed and there is a home exercise program ongoing. A spinal cord stimulator is in place, which provides relief, the extent of which is not documented. There is also mention of reactive depression. note of 07/13/12 states that the claimant is functional and is able to perform activities of daily living. Without medication, she would be sedentary and would lead a dependent state. At the 05/23/13 office visit, there is notation of complete resolution of arm pain with the spinal cord stimulator. At 06/11/13 there is a treatment plan to decrease Norco. At 08/08/13, there was lower extremity pain and edema.

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

Lyrica is an anti-epileptic drug which is recommended for neuropathic pain. A good response has been defined as 50% reduction in pain and a moderate response is 30% reduction. A 30% reduction is clinical important and lack of response may be the trigger to switch to a different medication or discontinue the medication. After initiation of treatment, there should be documentation of pain relief and improvement in function, as well as documentation of side effects. There is no documentation of efficacy of Lyrica in recent notes. ODG was not met for continuing the **Lyrica**

Klonopin, a benzodiazepine, is not recommended for long-term use. Most guidelines limit use to four weeks. ODG does not support continued use of **Klonopin**.

Antidepressants are a first line option for neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. There is no documentation in this regard for this medication. Official Disability Guidelines are not met for continuing **Effexor XR**.

Norco 10 mg, an opiate medication, is an indicated medication. Continued use is dependent on ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as well as pain assessment including current pain, least reported pain since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the claimant's decreased pain, increased level of function, or improved quality of life. As there is no documentation of the above, ODG are not met for **Norco 10 mg**.

ODG requires specific documentation of efficacy of the above medications, which is not present in the office notes. ODG does not support their continued use. These medications should be weaned and 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 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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)