



MedHealth Review, Inc.

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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 03/25/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Opana IR 10 mg #240, 2 tab PO QID PRN, Oxycontin ER 20 mg #90- 1 tab PO PRN, Compound Cream 240 mg#1- apply TID/QID, Phenergan 25 mg #60- 1 tab PO BID PRN, and Topamax 100 mg #60- 1 tab PO BID.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the Compound Cream 240 mg#1- apply TID/QID, and Phenergan 25 mg #60- 1 tab PO BID PRN.

The reviewer disagrees with the adverse determination regarding Opana IR 10 mg #240, 2 tab PO QID PRN, Oxycontin ER 20 mg #90- 1 tab PO PRN, and Topamax 100 mg #60- 1 tab PO BID.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed: 2/8/13 denial letter, 12/27/12 denial letter, office notes 5/17/12 to 1/23/13, 10/30/12 letter 5/17/12 to 12/20/12 medication scripts, 10/22/12 report 2/28/12 report and a patient face sheet.

all records are duplicative of those submitted.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker has a date of birth of xx/xx/xx. She worked at x for one month when she reported an injury on xxxxx. The injury was described in more than one way in the records- as seen in the review. Her wrist became painful after a box fell on it. She did not report the incident immediately and her diagnosis was never agreed upon by the many physicians that saw her. Initially it was thought to be a tenosynovitis. MRI on 2/21/06 showed a synovitis and two ganglion cysts. EMG showed moderate to severe median nerve entrapment at the wrist. Her symptoms were hand numbness with hyperesthesia and excessive sweating. The diagnosis of CRPS was suspected and she was treated with stellate ganglion blocks from September 2006 to December 2006. She reported that the blocks were not helpful. She has been tried on multiple medications. Per review, the amount of oral morphine equivalent has been escalating. The notes also do not support that the medications have been of use in controlling her pain levels. In 2009, stopped the Oxycontin indicating it was not effective. However a 5/17/12 note indicates she is being prescribed Oxycontin. On 11/13/09, an orthopedist, stated there was a lack of objective evidence supporting CRPS.

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

The continued use of Oxycontin and Opana IR is not appropriate. However, they cannot be abruptly stopped. Other medication(s) may be required to attempt to stop these medications. The notes do not support these medications as being effective in managing her pain and the morphine dose equivalent has been increasing.

Topamax can be weaned and discontinued based upon the same reasoning above. The compound cream should be discontinued. Phenergan should be stopped as well.

The ODG provides specific guidelines for the use of opioids in chronic pain. In this case the records and examinations do not provide a reason for the chronic pain. Opioids are not recommended as a first line treatment. The notes indicate a trial of Advil and Naproxen was stopped secondary to nausea. Opioid use needs to be monitored per the ODG and Medical Boards. If there are active signs of

misuse, these concerns should be addressed with the patient. In this case there has been an escalation in the morphine equivalent dosing given to this patient. The notes have not shown effectiveness with the medications given. It is possible there is hyperalgesia and the dose of the medications should be decreased. There should be a medication contract in place along with close monitoring and frequent visits. The pills should be counted and drug screening should be accomplished to confirm the patient is taking the medications. In this case, there is an escalation of the morphine equivalent dose which should be addressed. Although the Oxycontin and Opana are not effective in controlling her pain, they cannot be stopped and must be weaned under the direction of a physician.

The ODG does not support the use of a compound cream. There is no literature that shows this to be an effective practice in reducing pain. This should be discontinued as not medically necessary.

Topamax is sometimes used for neuralgia. There is no clinical evidence that this patient has neuralgia or that this medication has been effective. Therefore, it should be weaned and discontinued along the same lines as Oxycontin and Opana.

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 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)