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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/09/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Lortab and Restoril

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. Board Certified Physical Medicine and Rehabilitation and Pain Medicine

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 medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that the continued use of both Lortab and Restoril is not recommended.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes dated 09/13/12 through 06/12/13
CT myelograms dated 05/17/11 and 08/22/12
Electrodiagnostic studies dated 09/08/10
Previous utilization reviews dated 06/21/13 and 97/11/13
Psychological evaluation dated 09/26/12
MRI of the lumbar spine dated 12/11/09

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury to his low back. The psychological evaluation dated 09/26/12 detailed the patient stating that the initial injury occurred resulting in low back pain. Clinical note dated 10/29/12 detailed the patient continuing with complaints of severe pain from L4 to the ilium bilaterally. MRI of the lumbar spine dated 12/11/09 revealed a loss of disc height with a disc herniation at L4-5 resulting in central stenosis and lateral recess impingement on the L5 nerve root. Electrodiagnostic studies on 09/08/10 revealed bilateral S1 radiculopathy and L5 radiculopathy on the left. CT scan of the lumbar spine dated 05/17/11 revealed disc bulge and 4mm disc bulge at L5-S1 which was noted to be mildly impinging on the thecal sac. Moderate narrowing was also noted at the lateral recess at that level. A 5mm posterior disc protrusion was noted at L4-5 moderately effacing the thecal sac. A 2mm disc bulge was also noted at L2-3 and L3-4. Clinical note dated 09/13/12 detailed the patient complaining of low back pain radiating into the bilateral lower extremities on the left greater than the right. The patient rated the pain as 8/10. The patient also had 4/5 strength at the tibialis anterior on the left and EHL and gastrocnemius bilaterally. The patient also had an antalgic gait at that time. Clinical note dated 02/04/13 detailed the patient continuing with chronic persistent low back pain radiating to the left lower extremity. The patient rated his pain as 8/10. Clinical note dated 03/04/13 detailed the patient utilizing Neurontin and Norco for pain relief. Clinical note

dated 06/12/13 detailed the patient continuing with lumbar tenderness. Previous utilization review dated 06/21/13 for the use of Lortab and Restoril resulted in denials as Restoril was noted to be a benzodiazepine and was not recommended for long term use. The use of Lortab resulted in denial as no information was submitted regarding continued benefit from the use of this medication in terms of pain relief. Utilization review dated 07/11/13 resulted in denial for these medications as no information was submitted regarding continued benefit from the use of these medications.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: Clinical documentation submitted for review notes the patient complaining of severe levels of low back pain. The use of Lortab would be indicated and continued and ongoing use of the Lortab would be indicated provided that the patient meets specific criteria, including a significant decrease in pain level along with an objective functional improvement. No information was submitted regarding ongoing benefit for the use of this medication including reduction in pain as well as an objective functional improvement. Ongoing use of Restoril is not supported by guidelines as no current high quality studies exist that support the safety and efficacy of long term use of this medication. Given that no information was submitted regarding continued benefit with the use of Lortab and that no high quality studies exist supporting the long term use of Restoril this request is not indicated. As such it is the opinion of this reviewer that the continued use of both Lortab and Restoril is not recommended.

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

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)