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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Feb/19/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Naprosyn EC 375mg, Parafon DSC and Tylenol ES

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

Neurosurgery

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes dated 02/10/04 – 01/22/13
Operative report dated 03/28/00
X-ray of the lumbar spine dated 06/25/08
MRI lumbar spine dated 10/30/07
Electrodiagnostic studies dated 02/23/01
MRI lumbar spine dated 10/30/00
Previous utilization reviews dated 01/03/13, 01/08/13
IRO dated 01/17/12
Utilization review dated 01/22/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury regarding her low back. The operative report dated 03/28/00 details the patient undergoing a decompressive lumbar laminectomy at L5-S1 bilaterally with a discectomy and foraminotomy. The clinical note dated 02/10/04 details the patient complaining of low back pain radiating into both lower extremities, left greater than right. Numbness was noted in the right lower extremity. The patient also described a tingling-like sensation. The patient stated that she was having difficulty sleeping secondary to pain. Upon exam, the patient was able to demonstrate a 90-degree straight leg raise bilaterally. Sensation was noted to be decreased in the L5 and S1 distribution on the right. The note details the patient utilizing Neurontin, Naprosyn, Cloroxazone (Chlorzoxazone), and extra strength Tylenol. Per clinical note dated 04/19/04, the patient continued with low back

pain radiating to both lower extremities. The patient also noted numbness and tingling in both lower extremities and feet. The note does detail the patient being advised to stop utilizing Neurontin, Parafon, and Naprosyn. The patient was recommended to continue with a home exercise program as well as the use of Tylenol for pain relief. Per clinical note dated 03/15/10, the patient continued with complaints of low back pain radiating into the lower extremities. Numbness and tingling continued as well. The patient rated her pain as 7/10 at that time. The patient was able to demonstrate a 70-degree straight leg raise on the left and 90 degrees on the right which elicited low back pain. Decreased motor function was noted with left dorsiflexion. Decreased sensation was noted in the S1 and L5 distributions on the left. The patient was able to walk on her toes and heels. The patient was noted to be utilizing Naprosyn and Parafon Forte. The clinical note dated 03/21/11 details the patient continuing with low back pain which she rated as 8/10. The patient was noted to be utilizing Naprosyn, Tylenol, and Parafon at that time. The patient's clinical presentation showed no significant changes. The clinical note dated 12/11/12 details the patient continuing with the use of Naprosyn, Parafon, and extra strength Tylenol. Per the note, the patient stated that the initial injury occurred when she slipped on oil and landed on her buttocks. The patient was noted to continue with low back pain as well as muscle stiffness. The note indicates that the medications were effective in decreasing the patient's symptomology. The clinical note dated 01/14/12 details the patient continuing with decreased sensation in the L5 and S1 dermatomes. The note also details the patient utilizing Naprosyn as an anti-inflammatory which provided the patient with effective control of her symptoms. Per clinical note dated 02/21/12 details the patient continuing with 8/10 pain. No significant changes were noted in the patient's clinical presentation. The patient continued with the use of Parafon, Tylenol ES, and Naprosyn.

The previous utilization review dated 01/03/13 resulted in a denial for Naprosyn, Parafon, and Tylenol ES secondary to a lack of objective functional improvements directly related to the medications. Additionally, long-term use of muscle relaxants is not supported by guideline criteria. Further, there is mention regarding the use of Tylenol and an additional anti-inflammatory simultaneously.

The utilization review dated 01/22/13 also resulted in a denial.

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

The request for Naprosyn, Parafon, and Tylenol is not supported as medically necessary. The documentation submitted for review elaborates the patient complaining of ongoing low back pain despite previous surgical intervention. The use of Naprosyn would be indicated provided the patient meets specific criteria to include showing signs and symptoms of osteoarthritis. The patient is noted to have ongoing complaints of low back pain following a surgical procedure in the lumbar region.

Parafon would be indicated as a muscle relaxant in order to treat muscle spasms and the resulting pain and discomfort.

Tylenol/Acetaminophen is recommended for the treatment of acute pain, chronic pain, and acute exacerbations of chronic pain.

The use of Parafon is not recommended in conjunction with other medications to include Acetaminophen. Additionally, the patient is noted to have been utilizing these medications for a prolonged period of time. There is a lack of information regarding the patient's objective functional improvement directly related to the use of these medications. Furthermore, there is a lack of information justifying the use of a muscle relaxant in conjunction with a non-steroidal medication. Given the lack of information supporting the use of Parafon with Tylenol and taking into account the lack of information regarding the patient's objective functional improvement regarding the prolonged use of the medications in question, this request is not indicated. Therefore, it is this reviewer's opinion that the request for Naprosyn, Parafon, and Tylenol is not supported as medically necessary.

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)

1.) Ehab F. Elkadya & Marwa A. Fouada. Journal of Liquid Chromatography & Related Technologies. Volume 35, Issue 7, 2012. TWO LIQUID CHROMATOGRAPHIC METHODS FOR THE SIMULTANEOUS DETERMINATION OF IBUPROFEN AND METHOCARBAMOL OR CHLORZOAZONE IN THE PRESENCE OF THEIR DEGRADATION PRODUCTS?

2.) Jyothi C. Abbar and Sharanappa T. Nandibewoor. Development of Electrochemical Method for the Determination of Chlorzoxazone Drug and its Analytical Applications to Pharmaceutical Dosage Form and Human Biological Fluids. Ind. Eng. Chem. Res., 2012, 51 (1), pp 111–118.?