

Notice of Independent Review Decision

DATE OF REVIEW: 11/26/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Doxepin 100 mg, Tramadol 50 mg, Cyclobenzaprine 10 mg, Celebrex capsule 200 mg, Lansoprazol DR 30 mg

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

The TMF physician reviewer is board certified in family practice with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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 or not medical necessity exists for each of the health care services in dispute.

It is determined that the Doxepin 100 mg, Tramadol 50 mg, Celebrex capsule 200 mg and Lansoprazol DR 30 mg are medically necessary to treat this patient's condition. However, it is determined that the Cyclobenzaprine 10 mg is not medically necessary to treat this patient's condition.

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx resulting in pain in the back, left leg and neck. She has been diagnosed with chronic benign pain syndrome, lumbar myelopathy, depression and cervical syndrome. Office notes indicate that the

patient suffers from tenderness in the lumbar spine paraspinal musculature, tightness in the bilateral splenius capitis and upper trapezius with some decreased cervical flexion. She has been prescribed Doxepin 100 mg, Tramadol 50 mg, Cyclobenzaprine 10 mg, Celebrex capsule 200 mg, Lansoprazol DR 30 mg and all have been denied by the insurance carrier.

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

1. Doxepin: Per Disability Guidelines, secondary insomnia is to be treated with pharmacological measures. Thus, the use of Doxepin for sleep associated with chronic pain is at the attending physician's discretion and is appropriate.
2. Tramadol: The attending physician has documented that the use of this medication has improved the patient's function with no specific side effects. Thus, the use of the Tramadol is appropriate.
3. Cyclobenzaprine: Per Disability Guidelines, muscle relaxants are of short activity and may cause problems with little benefit over time. Thus, the use of Cyclobenzaprine is not appropriate.
4. Celebrex: Documentation by the attending physician indicates that after trying other NSAIDs, Celebrex has shown to be the safest and best NSAID to treat this patient's refractory pain. Thus, the Celebrex is appropriate.
5. Lansoprazol: This patient has GERD which is worsened with the use of NSAIDs. He needs protection to his gastrointestinal tract and the Lansoprazol is appropriate.

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)