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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Nov/17/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Lidocaine 5%

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., 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 requested Lidocaine 5% is not medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: This patient is a female with a date of injury of xx/xx/xx. On 01/23/13, this patient was seen for routine health screening and examination. Medications at that time were Metformin, Cymbalta, Levothroid, Ultram, Norco, and Calcium. On 05/22/14, a CT of the lumbar spine revealed L4 was anteriorly subluxed on L5 slightly improved compared to previous exam and the L4 posterior spinous process showed some fragmentation similar to the previous exam. There was a posterior bony fusion from L4 through L5 and there was deformity of the disc space at L4-5 with impaction to the anterior superior end plate of L5 present and associated with moderate sclerosis. On 06/23/14, this patient was seen in clinic, and the patient was taking Hydrocodone daily that she was getting from her primary care provider. Lumbar tenderness was noted upon palpation and radiculopathy was noted. On 07/14/14, a medical examination report for determination of MMI and impairment rating was performed, and the patient was given a 15% whole person impairment rating. On 07/20/14, this patient presented to the hospital, and it was noted that she had medications including Cyclobenzaprine, Hydrocodone/Acetaminophen, Amoxicillin, as well as Biaxin. She was also on Bentyl. She had complaints of chronic back pain at that time. She stated she ran out of Hydrocodone. Her condition was stable and she was discharged to home with a prescription for Hydrocodone/Acetaminophen. On 10/21/14, this patient returned to clinic, and had continued reports of pain. Medications at that time included Metformin, Norco, Levothroid, Gaviscon, Prevacid, Ketorolac, Tromethamine, as well as Chloroquine Phosphate. Trigger point injections were given at that time. A prescription for Cymbalta was given.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: This patient has undergone multiple treatments for chronic low back pain with a surgical intervention as well in the form of a lumbar fusion. She has reported upper, mid, and low back pain that radiates to the posterior thigh and calves. She has been managed with multiple medications including opiates and

she reports that on 10/21/14 that she needed an antidepressant. She was prescribed Cymbalta at that time. On 10/30/14, a letter was submitted indicating that she would benefit from pain management referral as well as pool therapy. The issue at hand is Lidocaine patches. The Official Disability Guidelines indicate that a trial of this medication may be recommended if there is evidence of localized pain that is consistent with neuropathic etiology, and there should be evidence of a trial of a 1st line medication such as an AED, Gabapentin or Lyrica, or an antidepressant. A trial is recommended for a short term period of no more than 4 weeks with documentation of no other medication changes during that trial and outcomes should be reported at the end of the trial including improvement in pain and function and a decrease in the use of other medications. The records do not indicate that a trial of this medication has been performed with a reduction of other medications with noted improvement in pain and function as recommended. As such, it is the opinion of this reviewer that the requested Lidocaine 5% is not medically necessary and the prior denials are upheld.

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)