

Notice of Independent Review Decision - Amended

April 15, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medical Necessity of the following:

- 1) Soma 350mg, po (by mouth) q (every) 8 hrs prn (as needed) #30.
- 2) Oxycotin 20mg po bid (twice a day) #60
- 3) Medrol Dosepak: One pack
- 4) Amitriptyline 75mg poq hs (at bedtime) #30
- 5) Lisinopril 20mg po daily #90

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

Board certified in Physical Medicine and Rehabilitation with expertise in pain management, wound management and geriatrics.

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 of the health care services in dispute.

Upon Independent Review the Physician has decided to partially overturn the previous adverse determinations. Oxycotin ~ Upheld: Soma ~ Upheld: Medrol Dosepak ~ Overturned: Amitriptyline ~ Overturned: Lisinopril ~ Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The DYLL REVIEW

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25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-4443

This claimant reported an injury xx/xx/xx. There is no mechanism of injury. There are no notes from the time of injury. He had a lumbar spine surgery in 1991 and apparently did well. He then had increasing back pain and had a cervical spine surgery in 2000. He slipped on ice xx/xx/xx and has reported increasing back pain. He has seen. examined the patient and there was initially diffuse tenderness and an equivocal straight leg raise. In February the examination had improved and there was less tenderness. He prescribed Soma 350mg, po (by mouth) q (every) 8 hrs prn (as needed) #30; Oxycotin 20mg po bid (twice a day) #60; Medrol Dosepak: One pack; Amitriptyline 75mg poq hs (at bedtime) #30; and Lisinopril 20mg po daily #90.

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

The ODG does not recommend long term use of SOMA for chronic musculoskeletal conditions. It is recommended in acute conditions. Withdrawal symptoms have been noted when abruptly stopping this medication. It would be weaned under the direction of his treating physician over 3 weeks. I recommend weaning and discontinuing. Uphold Previous Adverse Determination

The ODG does not recommend opioids, such as Oxycotin, as first line treatment of chronic pain. There should be first be a trial of non-opioid treatment of the pain. There should be an assessment of current function and activities and documentation of change and improvement with opioids. There should be a screen for psychologic factors contributing to the pain. This medication would need to be weaned under the direction of his treating physician. I recommend weaning and discontinuing. Uphold Previous Adverse Determination

The ODG guidelines do support use of a Medrol dose pack as this claimant did have an exacerbation of a chronic pain condition and did exhibit radicular pain. I recommend certification. Overturn Previous Adverse Determination

The ODG guidelines do support the use of a tricyclic antidepressant as the first line treatment in a chronic painful medical condition. Amitriptyline should be certified. I recommend certification. Overturn Previous Adverse Determination

Lisinopril is used to treatment hypertension. This claimants blood pressure is currently controlled. I do not recommend discontinuing the Lisinopril. His blood pressure is not a result of a worker's compensation claim. Uphold Previous Adverse Determination

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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)