

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: May/19/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Methocarbamol 750mg BID PRN #60, Ibuprofen 800mg TID PRN #90, Prilosec 20mg QD #30

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. In this reviewer's opinion, medical necessity for Methocarbamol 750mg BID PRN #60, Ibuprofen 800mg TID PRN #90 and Prilosec 20mg QD #30 has not been met

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xx/xx/xx. No specific mechanism of injury was discussed. The patient was seen on with complaints of right shoulder pain radiating to the neck and through the right upper extremity. The patient also complained of dizzy spells to the right side of the head. The patient denied any dropping of objects. Current prescribed medications included Lortab, Zoloft, Prilosec, Ibuprofen, Methocarbamol, and medications for hypertension. On physical examination, there was increased pain to palpation of the trapezius and rhomboid musculature, right worse than left. This was reproducing symptoms in the right upper extremity. No motor weakness in the lower extremities was noted. There was some mild weakness noted at the right hand. Reflexes were 2+ and symmetric throughout. Medications were continued at this visit.

The requested Methocarbamol, Ibuprofen, and Prilosec were denied by utilization review as guidelines found no evidence to support chronic long term use of muscle relaxers or anti-inflammatories. There was also no clear indication regarding increased risk factors for gastrointestinal upset or bleeding or other side effects from the current medication regimen that would support the use of a proton pump inhibitor.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for chronic right shoulder complaints with tenderness to palpation noted on the most recent physical examination The clinical report did not identify any pertinent risk factors for gastrointestinal bleeding with ongoing medication use. The patient also did not clearly identify any

substantial side effects from the current medication regimen such as gastric upset or acid reflux that would support the use of a proton pump inhibitor as a prophylactic medication. There was also no further evidence to support a diagnosis of gastroesophageal reflux disease to support the use of a proton pump inhibitor. In regards to the use of methocarbamol, the chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there has been any recent exacerbation of chronic pain or any evidence of a recent acute injury. In regards to the use of Ibuprofen, the chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare-ups of chronic pain. There is no indication that the use of NSAIDs in this case is for recent exacerbations of the claimant's known chronic pain. As such, the patient could reasonably transition to an over-the-counter medication for pain. In this reviewer's opinion, medical necessity for Methocarbamol 750mg BID PRN #60, Ibuprofen 800mg TID PRN #90 and Prilosec 20mg QD #30 has not been met 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)