

US Decisions Inc.

An Independent Review Organization
8760 A Research Blvd #512
Austin, TX 78758
Phone: (512) 782-4560
Fax: (207) 470-1085
Email: manager@us-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/14/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Hydrocodone, Promethazine 25mg, Lidocaine 5% patch, Robaxin 250mg and a duragesic patch 100mcg

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 request for Hydrocodone, Promethazine 25mg, Lidocaine 5% patch, Robaxin 250mg and a duragesic patch 100mcg is not medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who sustained an injury on xx/xx/xx. There was no documented mechanism of injury. Patient had prior lumbar laminectomy with decompression in July of 1999 followed by two level lumbar fusion from L4 through S1 in 2001. The patient had unsuccessful previous spinal cord stimulator trial. The patient was followed for ongoing chronic pain. Urine drug screen testing from 02/14 was positive for Fentanyl and hydrocodone. The patient was utilizing Lortab 10/500mg four times a day and duragesic 100mcg per hour changed every 48 hours. Other medications included Phenergan Robaxin and Lidoderm patches. On 02/13/14 clinical record the patient had pain with any standing sitting bending or walking. Pain scores ranged between 6 and 8/10 on VAS. The patient reported some relief with medications however the patient was having substantial amount of pain that impacted his ability to perform normal activities. The patient reported side effects including insomnia and constipation with his medications. There was nausea and vomiting with medications. Physical examination was difficult to interpret due to handwriting and copy quality. Medications were refilled at this visit. The patient followed up on 05/08/14. Pain scores remained unchanged. The efficacy of medications was not substantially changed. The patient had little relief with Lidoderm and more relief with Robaxin and narcotic medications. The patient still described constipation and insomnia with medication use and some nausea and vomiting. The patient continued to have significant impact in his ability to perform activities due to pain. Physical examination again was limited and unspecific due to handwriting and copy quality. Medications were continued at this visit.

Follow up on 07/31/14 noted elevated pain scores between 7-8/10 on VAS. This record indicated better relief with medications including Lidoderm however pain scores were substantially increased. The patient continued to have constipation nausea vomiting and insomnia with medications. Physical examination was limited with no specific findings.

Medications were refilled at this visit. The proposed medications including hydrocodone promethazine lidocaine Robaxin and duragesic patch were denied by utilization review on 08/06/14 as the medications were not specified in terms of quantity duration or frequency. There was limited clinical documentation of functional improvement or pain reduction obtained with the medications requested. There was also no support in the clinical literature for long term use of muscle relaxers such as Robaxin. All the medications were denied by utilization review on 08/19/14 as there was limited clinical documentation of efficacy of the medications or support for long term use of muscle relaxers.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed on continuing complaints of chronic pain following multiple surgical procedures. The clinical documentation submitted for review noted compliance with the use of narcotic medications including fentanyl and Norco. While the patient reported benefit from medications pain scores were substantially increased with the highest scores between 7-8/10 VAS. There was no clear documentation of reduction in pain scores as a result of the medication use. The patient had substantial side effects from medications including constipation insomnia and nausea and vomiting. Per guidelines for patients with substantial side effects from medications such as nausea and vomiting antiemetics are not recommended for long term use. Guidelines would recommend there be consideration for altering the med pain medication to avoid these side effects. There is limited clinical documentation of the efficacy of any of the requested medications including duragesic patches Robaxin, Lidoderm patches, or Norco. There is no clear evidence of any functional improvement or reduction in VAS pain scores. Furthermore guidelines do not recommend long term use of muscle relaxers due to the lack of evidence regarding their efficacy over time. Although the use of muscle relaxants can be considered for acute exacerbation of musculoskeletal complaints this is not evident in the clinical documentation. Therefore it is the opinion of this reviewer that the request for Hydrocodone, Promethazine 25mg, Lidocaine 5% patch, Robaxin 250mg and a duragesic patch 100mcg is not medically necessary as prescribed 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)