

# I-Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jan/20/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Gabapentin Cap 10mg, Hydrocodone APAP Tab 10-325mg, Metaxalone Tab 800mg, Celebrex Cap 200mg

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Orthopedic Surgeon

**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 medical necessity for Gabapentin Cap 10mg, Hydrocodone APAP Tab 10-325mg, Metaxalone Tab 800mg, Celebrex Cap 200mg is not established.

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female who sustained an injury on xx/xx/xx when she slipped and fell injuring her low back. The patient is noted to have had a prior surgical history to include an open reduction and internal fixation of the left radius completed in March of 2014. Prior electrodiagnostic studies from 2002 did note evidence of lumbar radiculopathy. Other treatment had included physical therapy, chiropractic treatments, epidural steroid injections, and individual psychotherapy. The patient had been followed for continued chronic pain. The patient's medication history was not specifically discussed in records through July of 2014. The patient did receive trigger point injections in the lumbar region on 06/02/14. The most recent evaluation from 11/10/14 noted continuing medications including Hydrocodone and Lorazepam. The patient's physical examination did note tenderness to palpation over the PSIS and lumbar paraspinal region over L4. There was no evidence of neurological deficit. Medications were refilled and the patient was instructed to follow up within 6 months.

The requested medications to include Gabapentin, Hydrocodone, Metaxalone, and Celebrex were denied by utilization review as there was insufficient documentation regarding functional improvement or pain relief with the medications and no evidence for neuropathic conditions.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient has been followed for ongoing chronic pain complaints. The clinical reports noted continued use of Gabapentin, Hydrocodone, Metaxalone, and Celebrex through August of 2014. The clinical documentation submitted for review did not identify any specific physical examination findings consistent with a neuropathic condition that would support the use of Gabapentin per guideline recommendations. Although Gabapentin is a 1<sup>st</sup> line recommended medication in the treatment of neuropathic pain conditions, given the insufficient objective evidence

regarding a neurological condition contributing to pain for this patient, it is this reviewer's opinion that the requested Gabapentin would not be considered medically necessary.

In regards to the use of Hydrocodone, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The patient has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this claimant. This would be indicated for Norco given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, it is this reviewer's opinion that medical necessity is not established.

In regards to the ongoing use of Metaxalone, 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. Therefore, this reviewer would not recommend ongoing use of this medication at this time.

In regards to the ongoing use of Celebrex, 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. It is this reviewer's opinion that medical necessity is not established.

**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 KNOWLEDGEBAS

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINE

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINE

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARD

MERCY CENTER CONSENSUS CONFERENCE GUIDELINE

MILLIMAN CARE GUIDELINE

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINE

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)