

Applied Assessments LLC
An Independent Review Organization

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Applied Assessments LLC
Notice of Independent Review Decision

Case Number:

Date of Notice: 06/16/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology And Pain Management

Description of the service or services in dispute:

Compound medication / list of ingredients included, apply 1 to 2 Gms AA QID PRN, dispensed 240 per 30 days

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)

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Patient Clinical History (Summary)

The patient is a XX-year-old female with a reported injury on XX/XX/XX. The injury reportedly occurred when the patient rolled out of a truck and rolled under it, injuring her left shoulder and ribs. Her current diagnoses were noted to include back pain, displacement of cervical intervertebral disc without myelopathy, herniated lumbar disc, and right shoulder status post arthroscopy. Her other therapies have included activity modification, medications, the use of a sling, surgical intervention, and physical therapy. A topical compounded medication has been prescribed (ketoprofen 10%, baclofen 2%, cyclobenzaprine 2%, tramadol 5%, gabapentin 6%, and bupivacaine 2%). A medication list dated XX/XX/XX lists the patient's current medications as Norco 10/325 mg, lidocaine ointment, diclofenac sodium 3% gel, and Flector 1.3% patches. Orthopedic and neurology notes were provided for review; however, no clinic notes from the pain consultants were provided. The most recent notes are dated XX/XX/XX and XX/XX/XX. The patient continued to have pain in her mid thoracic spine with some radiation around the ribs into the front. The patient had some pain in her low back when lifting her leg. She rated her pain as 7/10 in intensity, which was the same as the previous visit. The patient did not have any associated neurologic symptoms. Her symptoms were present constantly, but increased with activity and lifting her legs. The patient was a nonsmoker. Her height was XX inches with a weight of XX pounds and a BMI of XXXX. Physical examination was unremarkable. The clinician indicated that an MRI scan of the thoracic and lumbar spine revealed a disc herniation at T5-6 and mild spondylolisthesis of L5 on S1 with some narrowing. The clinician recommended steroid injections at T5-6 and possibly L5-S1. The clinical note dated XX/XX/XX indicated that the patient presented for a postoperative visit following right arthroscopic rotator cuff repair with ASAD for a large tear. The patient's surgery was XX/XX/XX. The patient was doing well and continued outpatient physical therapy. The clinician prescribed Norco 5/325 mg tablets. The patient was to continue outpatient physical therapy and remain off work for at least another month.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The Official Disability Guidelines recommend topical analgesics primary for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Nonsteroidal anti-inflammatory topical agents are not recommended for neuropathic pain or widespread musculoskeletal pain. The guidelines go on to state that there is no evidence to recommend a nonsteroidal anti-inflammatory drug dosage form other than an oral formulation for low back pain and there is little evidence to utilize topical nonsteroidal anti-inflammatory drugs for treatment of osteoarthritis of the hip or shoulder. Topical nonsteroidal anti-inflammatory drugs may be recommended for short term use (1 to 2 weeks) for soft tissue injuries such as sprains/strains. The Official Disability Guidelines state that ketoprofen is not currently FDA approved for topical application. As such, the requested ketoprofen 10% 12 g is not supported. Baclofen and other muscle relaxants (cyclobenzaprine) are not recommended for topical application in the treatment of chronic pain. Gabapentin is not recommended in a topical formulation for the treatment of chronic pain as there is no peer reviewed literature to support its use. The Official Disability Guidelines go on to state that any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. As discussed above, the requested topical compound contains at least 4 drugs or drug classes that are not recommended. As such, the requested topical compound medication is not supported or medically necessary. Therefore, the prior adverse determination should be upheld.

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A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)