



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: August 12, 2009

IRO Case #:

Description of the services in dispute: Intrathecal pump refill

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

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overtured. Intrathecal pump refill is medically necessary.

Information provided to the IRO for review

Company Request for IRO 8/6/09 – 4 pages

Notice to utilization review agent 8/7/09 – 1 page

Review determination 7/10/09 – 3 pages

Request for a review by an independent review organization 7/20/09 – 3 pages

Authorization request 8/4/09 – 1 page

Letter of medical necessity 7/31/09 – 2 pages

Encounter notes 10/9/08 – 2 pages

Thoracic and lumbar myelogram 1/21/09 – 3 pages

Prescriptions 5/26/09 – 1 page

Pump refill report 6/16/09 – 3 pages

Follow up clinical note 6/16/09 – 5 pages

Prescriptions 6/16/09 – 1 page

Transfer note 6/19/09 – 1 page

Review determination 7/1/09 – 9 pages

Encounter notes 7/2/09 – 4 pages

Review determination 7/8/09 – 4 pages

Encounter notes 7/8/09 – 3 pages

Infusion flow sheet 11/4/08–6/16/09 – 2 pages

Patient clinical history [summary]

The claimant is a xx-year-old gentleman who suffered an injury on xx/xx/xx. Subsequently, he developed low back pain and underwent lumbar surgery. This did not provide resolution of the pain, and he subsequently underwent implantation of an intrathecal morphine pump. The current physician had cared for him, including pump refills, for many years until he moved to temporarily in 2008. During the period when he lived there, he underwent an anterior lumbar fusion and had his dose of intrathecal morphine greatly increased. Now that he has returned to , his long-time pain physician has reassumed his care and is trying to wean down his dose because she is concerned that this high dose will predispose him to development of intrathecal granulomata.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The claimant apparently suffers from chronic intractable back pain following multiple spinal operations. He has had an implanted intrathecal opioid pump for some years. His doses of intrathecal morphine have escalated significantly during the past year while he was under the care of a physician in , where he lived temporarily. He has also undergone an anterior lumbar fusion, whose results are not yet clear. His current intrathecal morphine dose is sufficiently high to raise concerns about the development of intrathecal granulomata. His current physician is attempting to slowly wean the dose to a level thought to be less likely to give rise to these complications. Although it is not clear how much benefit the intrathecal morphine is now providing, it is very clear that he is quite tolerant and that the sudden cessation of this medication would likely have a disastrous effect. Therefore, continuation of the intrathecal morphine with the planned slow weaning would be a reasonable therapeutic course.

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

ODG Treatment Index. Pain.

Implantable drug pumps – Used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of the following criteria are met:

1. Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; and
2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and
3. Further surgical intervention or other treatment is not indicated or likely to be effective; and
4. Psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric

comorbidity; and

5. No contraindications to implantation exist such as sepsis or coagulopathy; and

A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1–5 above are met.