

SENT VIA EMAIL OR FAX ON
Dec/10/2009

IRO Express Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/08/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient 2 LOS placement of cath/infusion with Marcaine and Fentanyl Epidurally

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC SURGERY

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 11/13/09 and 11/13/09

OP Note 7/29/09, 3/11/09, 8/22/07, 8/8/07, 7/3/07

Dr. 7/6/05 thru 2/2/09

Ortho 6/12/07 thru 9/4/09

Medical Center 11/27/06

Medical Center 4/16/09

1433 pages of medical records from Insurance 1999 thru 2009

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured in xxxx. The records describe prior laminectomies from L2-L5 with a fusion. He has ongoing back pain with some response to lumbar epidural injections and most

recently L5/S1 blocks in July. He has an implanted spinal stimulator.

L2-5 laminectomies. His CT myelogram showed epidural fibrosis and the EMG showed chronic L5 radiculopathy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The ODG does not directly address the use of indwelling catheters. The ESI section addresses steroid use. The fentanyl section discussed oral or transdermal use of the medication. The section of the ODG discussing implantable drug systems is directed to spinal pumps and is tangentially applicable.

The APS and the ASIPP Guidelines also do not appear to discuss the use of indwelling catheters and Fentanyl.

There is an evidence based assessment form 2/05 published by the WCB Evidence Based Practice Group.

www.Worksafebc.com/health_care_provider/Asstes/PDF/intrathecal_fentanyl_chronic_nonmalignant_pain.pdf

It found no evidence to support the use of intrathecal fentanyl. Fentanyl is not approved by the FDA for intrathecal use, but has been used often off label..

On the other hand, it has been effective on an anecdotal basis. . (Do Ouro S, Esteban S, Sibirceva U, Whittenberg B, Portenoy R, Cruciani RA. Adapted from J Opioid Manag. 2006 Nov-Dec;2(6):365-8.

<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed>)

Since the NIH does appear to find it to be effective, the Reviewer will support its use.

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)