

SENT VIA EMAIL OR FAX ON
Jul/14/2009

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NOTICE OF INDEPENDENT REVIEW DECISION

Amended Jul/15/09 (correct dates page 4)

Date of Notice of Decision: Jul/14/2009

DATE OF REVIEW:

Jul/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program 5 X 2

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

Clinical psychologist; Member American Academy of Pain Management

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 4/24/09 and 5/21/09

4/3/09

Rehab 11/21/08 thru 5/18/09

Healthcare System 11/21/08

Medical Advantage 7/2/08 thru 4/29/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work-related injury on xx/xx/xx. Current diagnoses are: failed back surgery syndrome, lumbar facet syndrome, depression, hypertension, and chronic pain syndrome. Records indicate that patient was approved for, and has attended, the first ten days of a chronic pain management program. He was denied the second ten days of the program, and that is the subject of this review.

Records available for review show that, on 2/18/09, patient was being prescribed Celexa 20 mg. one p.o., and Lortab 7.5/500 mg q 6 hrs (4 daily). Individual therapy note of 3-10-09 states that patient was experiencing depression, anxiety, and difficulty managing stressors, and that patient reported a dependence on his pain medication, often over-using his Lortab and running out early. To address these issues, as well as the functional physical and bio-psycho-social deficits, patient was applied for, and approved for, a chronic pain program.

Medical note by MD, dated 5-27-09 shows that patient subjectively feels better, is sleeping better, and is more active and engaged both physically and socially. Objectively, report indicates 50% improvement in patient's endurance, cardiovascular time, and work simulation abilities. Behavioral updates show patient is compliant, participates well in group sessions, and has decreased his level of anxiety, depression, and fear-avoidance.

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

Patient had received evaluations from a multi-disciplined chronic pain management treatment team, to include his treating medical doctor and a psychologist (as required by CARF and TDI), all of who agreed patient could benefit from a CPMP. He displayed a significant loss of ability to function independently resulting from the chronic pain, both physical and behavioral, prior to application to, and approval for, the program. Since the program, he has improved across both physical and behavioral domains, with patient stating "...the past three nights I have slept 8 hours continuously, which I haven't done in years." Patient has also generalized gains made by joining the YMCA so he can continue to work out.

Of contention now seems to be the step-down protocol that his physician is using, which the psychologist reviewer disagreed with. Patient was over-using his Lortab, up to 8 per day, prior to beginning the program. Current plan seems to be to continue transitioning the patient from Lortab (he is now on 1/day) to methadone (he is currently on 10 mg tid). Dr. states that patient has shown "marked reduction in the use of short acting transient highly habituating prescription (hydrocodone) and transition to a longer acting more constant medication with fewer peaks and valleys with regards to pain and psychological reward..." ODG states that the normal course of treatment should be 20 days, with the second ten days given if there is evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains". Although some of the paperwork is inconsistent and difficult to decipher, patient is in the middle of a step-down protocol and any reviewer should be loath to interfere at this crucial period. Overall, adequate gains have been made to justify the continuation of the program. ODG also recommends follow-up and aftercare for these types of patients to reinforce gains made and decrease likelihood of recidivism, especially with regard to opiates. Therefore, current request is deemed medically reasonable and necessary, per ODG criteria. Patient is not currently at clinical MMI, but should be before discontinuation of the program.

ODG recommends CPMP for this type of patient, and ODG supports using the BDI and BAI, among other tests, to establish baselines for treatment. Bruns D. Colorado Division of Workers' Compensation, Comprehensive Psychological Testing: Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients. 2001.

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)