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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Pump refill/programming w/refill kit under fluoroscopy 62368, 95990, 77003, A4220

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Session Data Report 07/01/09

Operative Report Refill 07/01/09

Dr. Letter of Current Recommendations 07/07/09

Operative Report 07/20/09

Operative Report 07/27/09

Peer Review, Dr. 09/17/09

Peer Review, Dr. 09/29/09

Pump Checks/Refills – Invoice from 07/15/04 through 07/01/09

SynchroMed Pump Nursing Documentation: 07/01/09

New Pump Settings: undated

Letter from Claimant: undated

PATIENT CLINICAL HISTORY SUMMARY

This male sustained a heavy lifting injury on xx/xx/xx when he experienced abdominal pain while picking up a highway sign off the road. The 07/01/09 records revealed the claimant had undergone multiple abdominal resections with incisional hernia repairs and obstruction repairs along with a diagnosis of chronic pain syndrome for which he was currently treating with a SynchroMed Pump filled with Dilaudid and Fentanyl.

In a letter dated 07/07/09, Dr. documented that he had been treating the claimant for approximately 8 ½ years with the intrathecal opioid infusion of Dilaudid and Fentanyl. He was reported to be functional on his current regimen and his urine drug toxicology had been consistent with his current mixture. The claimant was reported to be on no other oral medications and had been unable to tolerate Baclofen, Clonidine or Bupivacaine in the past. Dr. documented he did not believe the claimant was a Suboxone candidate and he did not see any current weaning process. A low battery alarm was occurring and a new SynchroMed pump implant was recommended for a diagnosis of a non-functioning morphine pump.

On 07/20/09, the claimant underwent a revision of the morphine pump catheter with replacement of catheter tip and reprogramming of morphine pump. On 07/27/09 the claimant underwent a removal of the Morphine pump and medications with a placement, programming and filling of the new pump for a diagnosis of a depleted pump battery-requiring replacement.

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

The Official Disability Guidelines clearly indicate that pumps need to be refilled at regular intervals, and that reprogramming is often needed at the same time depending on the relief the claimant is experiencing. Pumps do not contain an unlimited supply of medications. This request is within the Official Disability Guidelines and the reviewer would recommend a pump refill and programming as medically necessary. The reviewer finds that medical necessity exists for Pump refill/programming w/refill kit under fluoroscopy 62368, 95990, 77003, A4220.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates:
Chronic Pain -- Implantable drug-delivery systems (IDDSs)

Implantable drug-delivery systems (IDDSs):

- Recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below, after failure of at least 6 months of less invasive methods, and following a successful temporary trial.
- Results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (for which a pump would be used), although IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome.
- This treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies.

Indications for Implantable drug-delivery systems:

Implantable infusion pumps are considered medically necessary when used to deliver drugs for the treatment of

Primary liver cancer; Metastatic colorectal cancer where metastases are limited to the liver; Head/neck cancer

Severe refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral baclofen;

Permanently implanted intrathecal (intraspinial) infusion pumps for the administration of opiates or non-opiate analgesics, in the treatment of chronic intractable pain, are considered medically necessary when

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, injection, 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 (per symptoms, exam and diagnostic testing); 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, the patient has realistic expectations and that benefit would occur with implantation despite any psychiatric comorbidity; and
- 5) No contraindications to implantation exist such as sepsis, spinal infection, anticoagulation or coagulopathy; and
- 6) 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.

Refills:

- 1) IDDSs dispense drugs according to instructions programmed by the clinician to deliver a specific amount of drug per day or to deliver varying regimens based on flexible programming options, and the pump may need to be refilled at regular intervals
- 2) The time between refills will vary based on pump reservoir size, drug concentration, dose, and flow rate.
- 3) A programming session, which may occur along with or independent of a refill session, allows the clinician to adjust the patient's prescription as well as record or recall important information about the prescription.

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)