



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 4/2/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under review include the medical necessity of an outpatient replacement of an intrathecal narcotic pump related to the lumbar spine.

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

The reviewer is a Medical Doctor who is board certified in Anesthesia and Pain Management. This reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the medical necessity of an outpatient replacement of an intrathecal narcotic pump related to the lumbar spine.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Forte, SORM and Dr..

These records consist of the following (duplicate records are only listed from one source): Dr.: 2/8/10 preauth request, 3/4/10 denial letter, 2/19/10 denial letter, 2/11/10 notice of intent to deny, 2/15/10 reconsideration receipt letter, 11/9/09 to 2/22/10 letters by Dr..

Forte: 2/12/10 denial letter and 12/21/09 letter by Dr..

SORM: 3/16/10 letter by, index of documents, 2/19/10 denial letter, 3/4/10 denial letter, 12/9/98 report by, DC, 7/6/99 TWCC 64, 10/22/97 patient history forms, 9/16/98 TWCC 69, 9/28/99, 10/15/99, 10/12/04 operative reports, 10/15/04 to 2/3/10 notes by Dr and 2/6/08 procedure report.

We did not receive the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this injured worker had a work related injury on xx/xx/xx. Records indicate that the injury occurred while she was holding a client's leg and foot down for a medical procedure. She reportedly developed a chronic pain syndrome, involving the lumbar spine, and ultimately was treated with a pump to deliver intrathecal medications. The diagnoses mentioned in the records available to me were chronic low back pain, lumbar radiculitis, status post synchroed narcotic pump placement, reflex sympathetic dystrophy, forearm pain, shoulder and upper arm injury, joint pain, lumbar disk displacement, cervical brachial syndrome, pain in limb, skin sensation disturbance, and edema.

The records available for my review included notes from, D.O., a pain management specialist. Dr. notes from November 9, 2009 indicated that the claimant looked "tired and fatigued." He did not want to give her oral medications at that time until a pharmacy confirmed that she was getting them at appropriate timing and visitation. He encouraged her to use less medication. He stated that he lowered her pump after refilling it.

On December 21, 2009, the pump was again refilled with Dilaudid containing Bupivacaine and clonidine. Dr. stated that in the new year he would work to lower the pump therapy. She apparently was taking 6.6 mg of Dilaudid a day and was off of oral medications at that time.

On February 3, 2010, Dr. stated that she was complaining of "new irritability and irritation in her back and legs today." He stated that she insisted that her pump was either expiring or low in drug volume. He stated "we did analyze the pump today." He further stated that she is six years into the recent pump placement and "we are recommending elective replacement of her synchroed pump to prevent this from being an issue in the future." He recommended that she go back on Neurontin for increasing neuropathic pain. He refilled her pump with Dilaudid containing Bupivacaine and set the alarm date for March 23, 2010. He stated that she was on a consistent dose of a moderate strength, 7.2 mg per day.

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

The reviewer notes that he reviewed the available medical records and it is his professional opinion that replacement of the intrathecal narcotic pump at this time is not appropriate. The request for this procedure apparently is based on the Claimant's statement that she is having increased irritation or irritability in the back and legs and that she feels the pump is either malfunctioning or the drug volume is low. There is no indication in the medical record of what pump analysis showed. There are multiple statements that the pump was analyzed and in none of the reports is there a statement that there was a problem with the pump. There is also no indication of the Claimant's findings on physical examination or any objective evidence that the Claimant's subjective complaints are validated. There is no indication that the pump and catheter have been evaluated for the possibility of complications such as an inflammatory mass at the end of the tip of the catheter or other problems with the catheter or pump.

The reviewer contacted the manufacturer of the Claimant's pump which is a Model 8637 with a 20 milliliter reservoir. This particular pump has features that tell when the pump is malfunctioning. There is an alarm screen that tells how long in months before the elective replacement indicator alarm will be activated. The second safety feature is the elective replacement indicator alarm itself which, when activated, indicates that there are another 90 days of pump function before the pump actually ceases to function and there would be a problem with the delivery of the narcotic medications and possible problems with drug withdrawal.

At this time, for the above reasons, the reviewer recommends denial of the request for outpatient replacement of the intrathecal narcotic pump related to the lumbar spine. There is no clear indication in this record that the pump is malfunctioning or that a pump malfunction is imminent. The reviewer further notes that the ODG is silent on this issue.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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) MEDTRONIC COMPANY INFORMATION REGARDING THIS PUMP