

Notice of Independent Review Decision

DATE OF REVIEW: 8/6/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of a Detox Program

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

The physician performing this review is Board Certified Occupational Medicine (American Board of Preventive Medicine). She is currently a Utilization Review Contract Physician. This physician has been medical director of community health care organizations. She has practiced as occupational medicine physician, non-surgical orthopedic, and acupuncture physician. Additional areas of practice are Family practice, Physical Medicine and Rehabilitation. She is licensed in 2 states.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

This request has been determined to not be supported for medical necessity by virtue of insufficient information and lack of support from the guidelines.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records Received: 23 page fax on 7/22/2010, 123 page fax on 7/23/2010. All records of the 146 page file that was provided were reviewed. These included multiple pages from the Texas Department of Insurance, Worker's Compensation Services (including review summaries), Services of Texas (including program and services description as well as an endorsement letter from CARF [Commission of Accreditation of Rehabilitation Facilities] of 02/19/08 in additional a suboxone treatment contract), patient referral forms, records from Medical Centers and an appeal dated 07-06-2010.

PATIENT CLINICAL HISTORY [SUMMARY]:

This request involves a female who developed back pain subsequent to falling and slipping on a step on xx/xx/xx. She has been treated with a number of medications including

Flexeril, Lyrica, Skelaxin, Nexium, Cymbalta, Vicoprofen, Buspirone, and as recently as 05/19/2010 Tylenol and Rozerem.

She reportedly underwent a lumbar spine laminectomy at an unknown level at some point in 2002. She also had a 360E fusion at L3-4 and L4-5 on 05/12/2003. There is indicated in the notes that she had epidural steroid injections, although the timing of the epidural steroid injections and the level of the epidural steroid injections were not indicated in the medical evidence file. She has reportedly gained 100 lbs since her injury.

Per the report of 07/02/10, she participated in a 20 day chronic pain management program in 2003. Per Dr. report dated 07/15/2010, there is indicated that Dr. wants to detoxify her with suboxone. In the note dated 06/29/10, there is mention of the pain score being noted as high as 8-9/10. There is also mentioned that she scores rather high on depression assessment. It appears that her only opioid medication is the Vicoprofen. This is prescribed as one every 4 hours or as needed. In the appeal of 07/06/2010, Dr. indicates that the patient did, in fact, participate in a previous chronic pain management program. He implies that this may not have been an accredited pain management program; however, this is not explicitly stated.

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

The Official Disability Guidelines discuss criteria for functional restoration programs as being “recommended for selected patients with low back pain and chronic disabling back pain, although research is still ongoing as to how most appropriately screen for inclusions in these programs. The evidence base in other conditions is unclear. Functional Restoration Programs (FRPs) a type of treatment included in the category of interdisciplinary pain programs were originally developed by Mayer and Gatshel.” “These programs emphasis the importance of function over the elimination of pain.” “Long term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program.” With regard to chronic pain programs, the guidelines have extensive recommendations. (Please see attached guidelines)

In the ODG guidelines there is a cautionary statement about utilizing programs for patients that have been continuously disabled for greater than 24 months and a statement that re-enrollment in “repetition of the same or similar rehabilitation programs (e.g., work hardening, work conditioning, outpatient medical rehabilitation)” is not medically warranted at the conclusion of a chronic pain management program for the same condition or injury (with the possible exception for a medically necessary organized detox program). Suboxone (buprenorphine) is recommended for the treatment of opiate addiction. The guideline also discusses special concerns in patients with an anxiety disorder. Also, the guidelines mention that buprenorphine “can be dispensed in a physician’s office although a specific training program with certification is required for use” As noted one of the important variables to be considered is if a patient has psychiatric conditions. On the

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National Center for Biotechnology Information NIH website, there is instruction that individuals on certain medications should be particularly closely evaluated and the necessary adjustments in the medications be made (e.g. those patients on Tylenol, anxiety medications, or mental illness medications). However, on the Suboxone manufacturer's site, there is indication that the Suboxone treatment can usually be monitored with office visits.

In this individual's case there were a number of unanswered questions. With regards to participation in a Functional Restoration Program, it would be of particular importance to know whether the previous chronic pain management program was an accredited pain management program or not. Certainly, Dr. appeal letter of 07/06/10 implies that it was not; however, this is not explicitly stated. As mentioned in the ODGs, there is recommendation that such programs not be repeated once a program has been completed. However, in that same portion of the ODGs there is an allowance for possible detoxification programs. There is not, however, any indication that the guidelines particularly support repetition of the other, additional aspects of functional restoration/chronic pain management programs such as appear to be proposed in the appeals letter. For example, in that letter, there is mention of a variety of proposed services for Ms. such as individual therapy, group therapy, physical therapy, and massage therapy in addition to medical management. Also, of note, there is no discussion of medical management about plans to factor in the patient's current use of buspirone and cymbalta as well as possibly Tylenol with the Suboxone. As noted in the National Center for Biotechnology information, anxiety and mental illness medications as well as Tylenol should be evaluated and adjusted when Suboxone is being considered as a treatment regimen. There was no mention of these medications being evaluated and/or adjusted in the medical evidence provided. There is mention of difficulties with side effects and lack of response to current pain medication treatment in the medical file as well as lack of functional improvement and evidence of hyperalgesia as are indicated as being requirements for weaning of medications. However, there are several points that seem somewhat confusing. There is mention that the patient has difficulty in her ADL functions as well as other functions but the limitations indicated do not necessarily appear to be a function specifically of her medication use. In fact, these appear more to be a function of her chronic pain. This criteria was referenced, and it was not clear whether the "intolerable side effects" noted in the guidelines were related to her current medication regimen or a past medication regimen. It should be noted that the patient is reportedly taking Vicoprofen 7.5/200 one every 4 hours or as needed. The recommended dose of Vicoprofen is 7.5/200 one every 4-6 hours, but no more than 5 a day. This is the recommended FDA dosage for acute use of this medication. The recommendations for chronic use are not as clear. In the Vicoprofen, the opioid constituent is hydrocodone. It should also be noted that hydrocodone is considerably weaker as an opioid than many other opioids. In light of this, it was unable to be determined if the patient had been previously tried on strong opioids that might provide better pain control, but could not tolerate the side effects and, thus was placed on a less potent opioid (hydrocodone); or, if the side effects that were being referenced were being attributed to the Vicoprofen that she is currently taking.

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There is indication that she does have a lack of response to current pain medication treatment. There is evidence of hyperalgesia. The question of refractory comorbid psychiatric illness is not clear. She is on medication for depression and anxiety; however, it is difficult to attribute a "refractory" psychiatric illness based simply of these medications. There is, however, lack of functional improvement.

Given the lack of information and in light of the directions provided by the guidelines as well as other references cited, and given the requirements in the state of Texas, rationale for recommendation other than adverse determination for this request cannot be generated at this time. Therefore, the medical necessity for the request of the Functional Restoration Program to include a detoxification program cannot be supported at this time with the medical information provided.

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 (ATTACHED)
- 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)
The National Center for Biotechnology Information
(ncbi.nlm.nih.gov/pubmedhealth).

The Suboxone manufacturers website.