



Notice of Independent Review Decision

**DATE OF REVIEW:** 8/24/10

**IRO CASE #:**                      **NAME:** .

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Determine the appropriateness of the previously denied request for chronic pain management program (CPMP) x 10 trial sessions (97799) (CP) (CA).

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

Texas licensed anesthesiologist and pain management specialist.

**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.

The previously denied request for chronic pain management program x 10 trial sessions (97799) (CP) (CA).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- Referral dated 8/18/10.
- Letter dated 8/12/10.
- Guidelines dated 8/11/10.
- Utilization Review Findings dated 8/4/10.
- Request for Authorization dated 7/28/10, 7/8/10.
- Examination dated 7/28/10.
- Notice of Adverse Determination dated 7/13/10.
- Psychotherapy Analysis dated 7/8/10, 7/1/10.
- Follow-up Evaluation dated 6/21/10, 5/25/10, 4/26/10, 3/30/10, 3/1/10, 2/22/10, 2/15/10, 2/2/10, 1/19/10, 1/4/10, 4/22/09.
- Initial Evaluation dated 5/6/10.
- Non-Compliance with Treatment Recommendations dated 2/8/10.
- Insurance Correspondence dated 2/4/10.
- History/Physical dated 1/15/10.
- Reviewed Medical Records dated 10/23/08.
- Medication Review dated (unspecified date).

### **PATIENT CLINICAL HISTORY (SUMMARY):**

**Age:**

**Gender:** Female

**Date of Injury:** xx/xx/xx

**Mechanism of Injury:** Walked down a hall and twisted her left ankle and low back.

**Diagnosis:** Lumbar post-laminectomy syndrome and lumbosacral neuritis.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

This female sustained an injury on xx/xx/xx. The mechanism of injury occurred when she walked down a hall and twisted her left ankle and low back. Her diagnoses were lumbar post-laminectomy syndrome and lumbosacral neuritis. The prior treatments consisted of a prior lumbar laminectomy and a lumbar laminectomy with a 360° fusion. There had also been an intrathecal trial, physical therapy (PT), transcutaneous electrical neurostimulation (TENS) unit, and a prior CPMP. The patient was currently on Cymbalta 90 mg qD, Zanaflex 4-8 mg TID, Baclofen 10 mg BID, Lyrica 150 mg TID, Relafen 500 mg TID, and Methadone 10 mg BID. She was seen in January 2010, and at that time was to be evaluated by an addictionologist. This was due to an apparent hypoxic episode in conjunction with a diagnosis of pneumonia. Also, the patient's family expressed concern about her sedation while on medications. The patient was seen by Dr. at and per Dr. records, the patient was noted to have a component of addiction to pain medicines. It was recommended by Dr. that the patient should participate in a CPMP and start on Suboxone. There was notation that this was not discussed with Dr. and that he felt there were delays in the patient's care. He also stated he did not believe their assessment and it was "not worth the paper it was written on." Despite this opinion, it was Dr. recommendation that the patient should be

considered for Suboxone therapy. The patient was never re-evaluated by an addictionologist, but was seen by Dr., a partner of Dr.. In that evaluation, dated 2/22/10, there was notation that the patient had a 50-60% decrease of the pain with Methadone 10 mg BID. Dr. left the determination of being placed on Suboxone, up to the patient. The patient did not want the change and she remained on Methadone. In a correspondence letter dated 2/4/10, the patient was reported to have agreed, "The skills learned 5-6 years ago in at he CPMP are still robust enough to rely on a daily basis." Dr. further stated that he disagreed that the patient needed a repeat CPMP as recommended by Dr.. There was no other reported change in the clinicals, besides the family's concern about the pain medications and the lack of willingness to meet with Dr. to discuss this issue. It was indicated that the request for the CPMP was to wean her from her medications. The ODG states that if the primary reason for treatment in the program is addressing possible substance use issues, an evaluation with an addiction clinician may be indicated upon entering the program to establish the most appropriate treatment approach (pain program vs. substance dependence program). This must address evaluation of drug abuse or diversion (and prescribing drugs in a non-therapeutic manner). The ODG does state, "Current research indicates that simultaneous dependency/addiction programs with pain programs are a viable option. Some patients will require treatment of addictive disease before pain management can be effectively addressed." In this particular case, once drug abuse or diversion issues are addressed, a 10-day trial may help to establish a diagnosis, and determine if the patient is not better suited for treatment in a substance dependence program. Addiction consultation can be incorporated into a pain program. If there is indication that substance dependence may be a problem, there should be evidence that the program has the capability to address this type of pathology prior to approval. The request for a CPMP appears to be based on the need to wean the patient from opioid dependence. In this patient, there appeared to be some inconsistencies. Dr. felt the patient needed to be evaluated by an addictionologist. This occurred. The patient was recommended to participate in a CPMP and be placed on Suboxone. Dr. disagreed. This was based on the fact that the CPMP recommendation was outside of the one that was directed by Dr. and he felt that the physician's evaluation was not performed by a licensed physician. Essentially, no clinical changes transpired in the patient, since his original recommendation to see an addictionologist 3 months preceding this request. The current request is to have the patient participate in a CPMP and be transitioned to Suboxone. These were the same recommendations that Dr. strongly disagreed with, based on the fact that the physician was not licensed and he did not believe his assessment. Since the patient had not been evaluated by a licensed addictionologist, the issue of drug abuse and diversion had not adequately been addressed. This would need to occur to determine the most appropriate treatment approach, (pain program vs. substance dependence program). The request is not supported by the ODG and is not deemed medically necessary. Therefore, the previous adverse determination is upheld.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
- x **ODG** – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.
  - Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), 2010, Pain, Section on Chronic Pain Management Programs.
- **PRESSLEY** REED, THE MEDICAL DISABILITY ADVISOR.
- **TEXAS** GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).