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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Kadian 50mg 1q8h #90 - no refills

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management
Board Certified in Electrodiagnostic Medicine

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

Adverse Determination letters, 11/9/09, 12/17/09
Pain Care, 10/20/09, 9/23/09, 8/26/09, 11/5/09, 8/20/08, 9/3/08,
9/30/08, 9/10/08, 10/30/08, 12/3/08, 1/6/09, 2/4/09, 3/5/09, 4/2/09, 5/5/09,
6/4/09, 6/29/09, 7/27/09, 8/26/09, 9/23/09, 10/20/09, 12/3/09
DO, 11/25/08
Law Offices, 1/25/10
MD, 11/9/09
Evaluation Centers, 4/15/09
MRI Lumbar Spine, 5/27/03, 1/6/04, 4/28/05, 9/22/08
Operative Report, 6/16/03
Neurosurgical Consult, 6/9/03, 6/12/03
2003-2004
MD, 5/20/09
FCE, 12/16/03
Job Description
Dr. MD, 12/31/03
Dr. 2/11/04, 2/23/04
MD, 3/2/04, 3/18/04, 4/6/04, 4/12/04-, 4/15/04, 4/26/04,
5/7/04, 5/20/04, 6/7/04, 6/24/04, 7/2/04, 7/22/04, 8/23/04, 9/22/04,

10/7/04, 11/8/04, 12/9/04, 1/13/05, 2/9/05,
Dr. MD, 3/25/04, 7/27/06
Chiropractic Center, 2004, 2005,
Lumbar Spine CT Post Myelogram, 6/2/04
Dr. MD, 6/18/04, 7/22/04, 8/16/04, 10/4/04
Radiographic Biomechanical Report, 9/10/04
Dr. MD, 12/29/04

INFORMATION PROVIDED TO THE IRO FOR REVIEW (Continued)

Dr. 2/16/05, 4/14/05, 4/27/05, 5/25/05, 6/22/05, 7/11/05, 8/17/05,
9/14/05, 10/12/05, 11/9/05, 12/7/05, 2/10/06, 3/10/06, 4/13/06, 5/10/06,
6/9/06, 7/12/06, 8/7/06, 9/6/06, 10/5/06, 11/7/06, 12/5/06, 1/4/07, 2/1/07,
3/1/07, 3/7/07, 3/28/07, 4/24/07, 5/9/07, 6/7/07, 8/28/07, 10/3/07,
10/31/07, 11/27/07, 12/21/07, 1/30/08, 2/28/08
Lumbar Myelogram, 4/12/07
RME, 5/31/05
Dr., 4/11/05
Lumbar Discogram, 7/5/05
Operative Report, 10/4/05
Dr. MD, 11/22/05
MD, 12/21/05, 7/12/06, 11/30/06, 1/11/07, 3/29/07, 4/23/07,
9/19/07
Behavioral Medical Evaluation, 1/6/06
Dr. MD, 1/6/06,
Lumbar Discogram, 1/12/06
Medical Center, 2/28/06
Dr. MD, 6/28/06
Operative Report, 7/2/07
Dr., 6/30/06
Dr., 3/13/07, 2/26/07
CT Lumbar Spine, 8/6/09
Official Disability Guidelines for Workers' Compensation, Pain, Criteria for use of Opioids

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured in xx/xx. He subsequently underwent a discectomy in 2003 and a fusion in 2006. He remains symptomatic. A new procedure is being considered in the 10/09 note. He has chronic pain and is on Percocet, Kadian and Lyrica. Dr. wrote (10/20/09) "He has had a significant amount of pain that is impacting his entire quality of life...He is unable to function very well without medications. He reports sleep disturbance and worsening depression....He reports pain relief with the medications...His Kadian, Percocet and Lyrica are also helpful."

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

The records show the claimant is being treated for chronic nonmalignant pain with opioids. including Kadian. The ODG criteria for use of this medication is improved pain relief and function without adverse effects or signs of diversion. The medical records do not suggest any diversion by this claimant. The ODG summarizes the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The provider in this instance has documented the validity in continuing the opiate/opioid medications, including that longer lasting analgesics, including Kadian, often reduce the need for the amount of shorter duration medication. Further, the claimant has reported sleep disturbance and longer lasting pain medication can permit a longer duration of night sleep without having to waken from pain when short duration pain medications wear off. This appears to be an acceptable use in this case. The Official Disability Guidelines for Workers' Compensation, Pain, Criteria for use of Opioids, states:

"7) When to Continue Opioid

(a) If the patient has returned to work

(b) If the patient has improved functioning and pain

(Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)"

Based on the records and the ODG, the reviewer finds that medical necessity exists for Kadian 50mg 1q8h #90 - no refills.

Morphine sulfate, Morphine sulfate ER, CR (Avinza®; Kadian®; MS Contin®; Oramorph SR®; generic available, except extended release capsules): Side Effects: See opioid adverse

effects. Analgesic dose: Immediate release tablets for acute pain (moderate to severe); Opiate naive patients should begin with 10mg PO every 4 hours as needed. Opioid tolerant patients may need higher starting doses to achieve pain relief (10-30mg every 4 hours as needed). See specific product for full prescribing information. Controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are in need of continuous treatment. Avinza® - morphine sulfate extended release for once daily dosing. The 60mg, 90mg and 120mg capsules are for opioid tolerant patients only. Kadian® - (extended release capsules) May be dosed once or twice daily. The 100mg and 200mg capsules are intended for opioid tolerant patients only. MS Contin® - (controlled release tablets) Doses should be individually tailored for each patient....

Kadian® (morphine sulfate)

Kadian® is a brand of morphine sulfate, supplied by Alpharma Pharmaceuticals. See Opioids for recommendations and references.

Opioids.

Long-acting opioids: also known as “controlled-release”, “extended-release”, “sustained-release” or “long-acting” opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. Long-acting opioids include: Morphine (MSContin®, Oramorph SR®, Kadian®, Avinza®), Oxycodone (Oxycontin®), Fentanyl (Duragesic Patch®), Hydromorphone (Palladone®).

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)