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*Notice of Independent Review Decision*

**DATE OF REVIEW: 12/20/09**

**IRO CASE #:**

Description of the Service or Services In Dispute  
Intrathecal morphine pump trial

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

Physician Board certified in Neurological Surgery

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld	(Agree)
X Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse determination letters, 10/26/09, 11/12/09  
2006-2009 notes, Dr.  
Notes 2006-2007, Dr.  
DDE report 5/28/08  
Operative reports spinal cord stimulation trial, 10/1/09  
Operative report 11/10/09  
Operative report 7/18/06  
Operative report lumbar sympathetic blocks 7/28/07. 8/8/08  
ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who in late xxxx slipped on an oily floor and sustained injury to the right ankle. X-rays revealed fracture, and this led to an open reduction and internal fixation procedure on xx/xx/xx. The patient has continued to have pain, with some discoloration and coolness in the right ankle region, with a burning sensation. X-rays showed the ankle fracture to be healing well, and the hardware that was present apparently was not giving difficulty, but because of the potential trouble with the hardware it was removed in July 2006, without benefit. She has had physical therapy, lumbar sympathetic clocks, trial at spinal cord stimulation without benefit. The pain continues, and it is now suggested that a morphine pump, delivering intrathecal morphine may be of benefit.

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

I disagree with the decision to deny the proposed trial procedure. It is only a trial, and the morphine may not be any more effective than the spinal cord stimulation trial. If it does significantly relieve her pain where she can function better at work and in her daily life, then a permanent placement of an intrathecal morphine pump would be indicated. She has changes of reflex sympathetic dystrophy, as evidenced on physical examination, along with the continued discomfort. Various means of dealing with this trouble, including sympathetic blocks have not been successful.

**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)