



REVIEWER'S REPORT

DATE OF REVIEW: 02/13/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten sessions of chronic pain management program

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., duly licensed physician in the State of Texas, fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, with over 22 years of active and current practice in the specialty of Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

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

INFORMATION PROVIDED FOR REVIEW:

1. Initial evaluation from Dr., 09/24/01
2. Progress notes from Dr., 03/02/09 through 11/16/09
3. Initial evaluation for chronic pain management program from Health, 11/16/09
4. Physician Adviser recommendations, 12/18/09 and 01/08/10
5. Letters of reconsideration from Health, 01/04/10 and 01/26/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was allegedly injured on xx/xx/xx when he hit head-on with another automobile. Although his lumbar MRI scan on 03/28/00 showed nothing more than L4/L5 and L5/S1 disc degeneration, the claimant underwent multilevel lumbar fusion by Dr. in November 2000. An MRI scan of the cervical spine on 07/13/00 was entirely normal. The claimant was seen by Dr. for pain management evaluation on 09/24/01, complaining of pain in his low back, neck, both shoulders, and both knees. Dr. noted that the claimant was currently attending a work hardening program with Dr. without any benefit and that the claimant had previously undergone twelve weeks of postoperative rehabilitation, also with no benefit. The claimant had entirely normal activities of daily living except for “difficulty putting on his shoes.” The claimant’s medications at that

time were Zanaflex 4 mg h.s., Vioxx 25 mg daily, Ultram 50 mg t.i.d., and over-the-counter Tylenol as needed. Physical examination documented nonspecific tenderness and loss of motion in the cervical spine but normal motor strength, grip strength, sensation, and reflexes in both arms. Similarly, lumbar exam revealed nonspecific tenderness and decreased motion of the lumbar spine with normal strength, sensation, reflexes, and straight leg raising test (which produced only low back pain, a negative result).

The claimant was evaluated by Dr. again almost eight years later on 03/02/09. He was still taking Ultram, now four times daily, as well as trazodone h.s., Lyrica 75 mg b.i.d., Zanaflex 4 mg h.s., Ambien 12.5 mg h.s., Celebrex b.i.d., and Cymbalta 30 mg b.i.d. The claimant still complained of low back and neck pain, although he had a lumbar spinal cord stimulator in place. The claimant also complained of pain radiating to both legs that increased “with any activity.” The claimant’s pain level was said to be 4/10.

Ten weeks later Dr. re-evaluated the claimant on 05/22/09, noting the claimant’s continued use of the same medications. Pain level was 4-5/10, and the claimant now complained of not only low back pain radiating to the legs but also upper back pain. Physical examination documented negative straight leg raising, nonspecifically decreased thoracic range of motion, and “no focal neurologic deficits.” The spinal cord stimulator was said to be “working well.”

Dr. followed up with the claimant again on 11/16/09, noting the same use of medication, the same pain level of 4/10, the same complaint of upper back and low back pain radiating to the legs, and the same nonspecific physical examination findings. He again documented “no focal neurological deficits” and that the claimant was “doing fairly well with spinal column stimulator and oral pain medications. No mention whatsoever was made of neither psychological distress or of referral for psychologic evaluation. However, on that same day the claimant was evaluated by psychologist, Ph.D. to determine “whether referral for mental health treatment would be appropriate.” The psychologist noted the claimant’s pain level of 8/10. Psychologic testing included a Beck Depression Inventory of 21 and a Beck Anxiety Inventory of 20, both within the “moderate” range. The claimant was also administered a Screener and Opioid Assessment for Patients in Pain, revised (SOAPP-R) to determine his risk for abuse of narcotics. The claimant’s score was 6, indicating a “low risk for abuse of prescribed narcotic pain medications.” The psychologist recommended the claimant attend ten sessions of a chronic pain management program where he was the clinical director.

An initial review by a physician adviser, a physiatrist, was done on 12/15/09. In that review, the adviser spoke with, DC for a peer-to-peer review in which the case was discussed. The physician adviser noted that the claimant was currently taking very little medication and that the claimant had expressed a desire to be taken off these medications. The adviser noted the claimant could easily be weaned over three to four weeks on an outpatient basis. Furthermore, the adviser noted the claimant had been medically stable for several years and there did not appear to be any acute or ongoing problem or change in his overall condition. Dr. agreed with the physician adviser’s assessments regarding

this claimant's lack of use of significant narcotics and the reports of the spinal cord stimulator affording the claimant significant pain relief as well as the lack of evidence of any problem with household maintenance, sleep problem, or activities of daily living.

On 01/04/10, however, Dr. wrote a letter of request for reconsideration, apparently completely ignoring the fact that he had fully reviewed the case with the physician adviser. He cited as criteria for admission to the chronic pain management program which employed him that patients were at least seven times more likely to undergo surgery or more than 30 visits to a new healthcare provider unless they attended a chronic pain management program, criteria which in this case were of no concern or validity, as this claimant was neither being considered for surgery nor had he had any visits with a new healthcare provider. Dr. also cited criteria that claimants who did not attend chronic pain management programs had only half the rate of work return, ten times less likelihood of returning to any type of work, and seven times less likelihood to have retained return to work. Again, these criteria are of no validity or concern, since this claimant had never returned to work, and there were no such plans to do so. He then merely restated all of the criteria that had been included in the initial request and expressed a desire to have "a peer-to-peer discussion with the reviewing doctor," even though that had clearly previously been accomplished.

A second physician adviser, another physiatrist, reviewed the case on 01/08/10, conducting a second peer-to-peer review with Dr.. Again Dr. agreed that the claimant had been medically stable on medications. The reviewer noted that the claimant was sedentary, and, therefore, there was little likelihood of improving the claimant's "quality of life." The claimant also noted the claimant had no job to return to and that the goal of teaching the claimant coping skills "should have been addressed in his prior psychologic individual counseling." Finally, the reviewer noted that the claimant's desire for discontinuation of medications, which were "minimal," could have been "weaned on an outpatient basis."

On 01/26/10, psychologist, Ph.D. wrote a Request for Medical Dispute Resolution, merely restating the same criteria as Dr. had previously cited and requesting that the claimant be admitted for ten sessions of the chronic pain management program where he was the clinical director.

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

I fully agree with the previous physician advisers that this claimant is not taking any sufficiently large amounts of any medication that would necessitate admission to a chronic pain management program to facilitate weaning from the minimal amount of medications he is taking. In fact, the claimant is not even taking any opioids. (Ultram is not considered a true opioid.) The claimant has no job to return to nor any documented plans for seeking work. He has now been out of work for ten years, which would predict a zero probability of return to work regardless of any attendance at any return to work or chronic pain management program. Moreover, the claimant has already failed a work hardening program, which by ODG criteria, excludes him from consideration for a

chronic pain management program. ODG criteria state that there is no medical reason or necessity for the claimant to attend a program which provides essentially the same treatment as programs that the claimant has already attended without benefit. A chronic pain management program does not provide this claimant with any treatment modalities which have not already been tried and failed through individual psychotherapy and a work hardening program. None of the criteria cited by either Dr. Jackson or Dr. James Flowers apply to this claimant's clinical condition, since he is not being considered for any further surgery, is not seeking excessive treatment or having excessive numbers of office visits with additional medical providers other than Dr. Chowdhury, and has no plans or prospects for return to work. Therefore, by all of the criteria cited above, this claimant is not an appropriate candidate for a chronic pain management program, and the recommendations for nonauthorization of a chronic pain management program made by the two previous physician advisers are upheld. There is no medical reason or necessity for admission of this claimant to ten sessions of a chronic pain management program.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)