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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Pharmacy: MSIR 30 mg po qid #120

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

MD, Board Certified Anesthesiology and Pain Management

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

Official Disability Guidelines

Patient information and pain analysis questionnaire dated 08/18/09

Progress notes Pain Associates, PLC dated 08/19/09-06/23/11

MRI lumbar spine dated 11/04/09

MRI cervical spine dated 11/04/09

Utilization review determination request for MSIR 30 mg po qid #120 dated 06/22/11

Utilization review reconsideration / appeal request for MSIR 30 mg po qid #120 dated 07/12/11

Lab Report, 8/27/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was lifting a 300 lb air conditioning unit to the top of a 3 story building and reported immediate onset of low back pain with subsequent development of left greater than right lower extremity radicular pain over the next day. The patient was initially treated with aquatic therapy resulting in worsened pain, and subsequently underwent microdiscectomy and L5-S1 fusion. The submitted records indicate that the patient broke his neck at age 15 and again at age 18. Laboratory report dated 08/27/09 indicates that the test was positive for morphine (compliant), meprobamate/Carisoprodol (non-compliant) and marijuana (non-compliant). Office visit note dated 08/19/09 indicates that treatment to date includes lumbar epidural steroid injections, medial branch blocks, facet joint injections, trigger point injections and multiple medication trials with schedule II opioids, schedule III opioids and adjunctive medications. In January 2007 the patient reported that his neck pain worsened with no specific injury. MRI of the lumbar spine dated 11/04/09 revealed mild multilevel lumbar spondylosis, which causes mild foraminal narrowing at multiple levels through without demonstrable intraforaminal nerve root compression. At L2-3 there is borderline deflection of

the right-sided posterior L3 nerve root due to asymmetric disc bulge. MRI of the cervical spine revealed partial effacement of the ventral thecal sac at C3-4 with borderline compression of the midline cord and slight left foraminal narrowing. At C4-5 there is mild compression of the midline ventral cord. At C5-6 partial effacement of the ventral thecal sac is noted; there is minimal right foraminal narrowing. At C6-7 partial effacement of the thecal sac with no cord compression. Note dated 01/07/10 indicates that medications include Lyrica, MS Contin, MSIR, Peri Colace and Soma. Note dated 02/04/10 indicates that medication program is mild to moderately helpful at improving pain and function. There are no reported side effects other than sexual dysfunction. Medications are becoming progressively less effective with passage of time.

The patient reports that increased MSIR is helpful. Serial records report that medication includes MSIR 30 mg po qid prn btp. Serial follow up notes indicate that the patient wishes to undergo surgical evaluation and to reduce pain medications if/when surgery is recommended. Note dated 07/22/10 indicates that increase in MS Contin (5/10) resulted in improved pain, increase in Lyrica (5/10) resulted in "foggy feeling". Note dated 12/09/10 indicates that increase in Lyrica (10/2010) was minimally helpful. Note dated 01/03/11 indicates that the patient reports use of anti-spasmodic medication for nocturnal polyuria. The patient states that his VA physician and WC adjuster feel this is due to side effect of MS (prescribed by CPA) which is causing detrusor muscle spasms. Note dated 03/03/11 indicates that the patient rates pain as 8/10 which occasionally increases to 10/10. Medication program is mildly helpful at improving pain and function. Note dated 05/11/11 indicates that the patient rates pain 9/10. A one time addition of Percocet to pain medication regimen was given to the patient. Physical examination on 06/23/11 notes that sensation is intact to light touch. Motor strength is intact (5/5) in all muscle groups. Reflexes are symmetric 2+. Cervical range of motion is significantly reduced in all planes. Active lumbar range of motion results in increased pain. Straight leg raising is negative bilaterally. Current medications are listed as Lyrica 100 mg po 1-2 tabs bid; Miralax 17 gm po qd prn; MS Contin 100 mg po qid; MSIR 30 mg po qid prn btp; Percocet 10/325 mg po q4-6 hr prn btp; Soma 350 mg po tid; and Terazosin 10 mg po qhs.

Initial request for MSIR was non-certified on 06/27/11 noting that ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be provided prior to continued use of this medication. The most recent note dated 05/26/11 notes increasing pain despite escalating opiate dosages requiring addition of Percocet to the current regimen of long and short acting morphine. The patient is utilizing over 520 morphine equivalents of opioid per day. As such, narcotic dependence is likely. Even at this high dosage, pain is poorly controlled and therefore opioid hyperalgesia should be considered along with a weaning schedule.

The denial was upheld on appeal dated 07/12/11 noting that the morphine equivalent is 520 mg per day, which exceeds the recommended level of 120 mg by four-fold. Despite this level of opioid administration, the worker continues to report perceived pain levels that are elevated in the 8-10/10 range. The clinical documentation submitted in support of the variation from the clinical guidelines does not support the continuation of this medication.

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

The request for MSIR 30mg po qid #120 is not supported by the submitted clinical records and the previous determinations are upheld. The available data indicates that the claimant is receiving paradoxical response to increases in opiate doses without improvement in his pain levels suggesting opiate hyperalgesia. The historical records also suggest compliance issues. The claimant's medication profile is excessive. Based upon the totality of the clinical information the request for Pharmacy: MSIR 30 mg po qid #120 is not found by the reviewer to be medically necessary or supported under ODG.

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)