

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/31/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

RX: Buprenex 0.3mg IM q.i.d. Lumbar Spine

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

PM&R and Pain 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Request for IRO 07/09/12

Utilization review determination 05/07/12

Utilization review determination 05/24/12

Clinical records Dr. 02/16/07-06/12/12

Letter Dr. 07/30/07-05/16/12

Letter of Appeal dated 07/02/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who is reported to have a date of injury of xx/xx/xx. On the date of injury she is reported to have been struck by an oxygen concentrator which hit the inside of her knee. Per a required medical evaluation, the claimant reported that the concentrator struck her in the left knee in the lateral side. Records indicate that the claimant was diagnosed with complex regional pain syndrome. She has undergone extensive conservative management which included a left peripheral nerve stimulator lead placement trial, exploration of the saphenous vein neuroplasty and neurolysis on 07/01/04, manipulation of the left knee under anesthesia and later implantation of peripheral nerve stimulator in the left thigh, additional manipulations of the knee, and revision of the battery placement in the left thigh on 08/30/04. She has undergone selective nerve root blocks, femoral nerve root blocks, and a spinal cord stimulator trial on 05/06/10.

The record contains a letter of appeal dated 05/16/12 in which Dr. notes the claimant is being prescribed Buprenex for severe pain associated with CRPS. He notes that he is considering prescribing a patch verses IM administration. Dr. notes that if the patch has equal efficacy he would transition the claimant to this method of delivery. He indicates no intention to discontinue the medication. She is noted to have been stable on this regimen since starting it over 6 years ago. On physical examination dated 06/12/12 she is noted to have mild pain

and distress. She is unable to bend her knees and reported to have left sacral hip tenderness. Her incisions are healed. She has 1+ left lower extremity edema. She is reported to have 3/5 weakness in left lower extremity. She has diagnosis of CRPS I in left leg.

The initial review was performed on 05/07/12. The reviewer Non-certified the medication reporting Buprenex is utilized for moderate to severe pain. The reviewer notes that there is intent to discontinue the medication and therefore non-certified the request

On 05/24/12 the appeal request was reviewed and subsequently non-certified. The reviewer notes the prior non-certification. The reviewer reports that Buprenex is utilized to treat opiate addiction. He notes no evidence of opiate addiction and subsequently upholds previous denial.

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

The request for Buprenex 0.3mg IM qid Lumbar spine is recommended as medically necessary and the previous utilization review determination are overturned. The available medical records indicate the claimant has a longstanding history of CRPS II. She is noted to have had chronic intractable pain for which she has undergone multiple interventional procedures without substantive improvement. It is further noted she has undergone stellate ganglion blocks without evidence of pain relief. She later underwent peripheral nerve stimulation which does not appear to have been any substantive benefit and had paradoxical reaction to trial of spinal cord stimulation. The records indicate the claimant has been on this medication and dose for several years with benefit. There is sufficient historical information to support the continued use of this medication to treat the claimant's sympathetically mediated pain.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES