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NOTICE OF INDEPENDENT REVIEW DECISION -- AMENDMENT

DATE OF REVIEW: Jan/30/2012

DATE OF AMENDED REVIEW: FEBRUARY 7, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OxyContin 80mg q6hrs #120

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

M.D., Board Certified Anesthesiology

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

Request for IRO 01/20/12

Utilization review determination 12/19/11

Utilization review determination 01/17/12

Clinical records Dr. 10/10/11-12/21/11

Letter of appeal 12/12/11

Letter of appeal 12/21/11

CT scan lumbar spine 04/25/01

MRI lumbar spine 09/03/08

MRI thoracic spine 09/04/08

Letter from patient no date

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who has a history of post laminectomy syndrome. The claimant is noted to have a intrathecal drug delivery system and is being prescribed Oxycontin 80mg every six hours, oxycodone 30mg every four hours and Lunesta. The claimant reports a pain scale of 10/10 without medications and 3/10 with. He would like to have his pump dose decreased a little bit. Serial records indicate that the claimant's urine drug screens have been consistent. He is noted to have a multilevel fusion at L4-5 and L5-S1. Records indicate that the claimant was seen in follow-up on 12/08/11. He presents to have an intrathecal morphine pump refill and reports minor pain in his low back with a severe episode approximately two weeks ago. He reports more numbness in his lower extremities. He received refills of his oral medications. This clinical note indicates that the claimant has excess medication in the intrathecal pump suggesting that the pump is not working effectively. He is reported to have new onset of pain and been experiencing urinary

incontinence issues. The record contains a letter dated 12/12/11 in which Dr., PAC indicates that the patient needs to wean his oral medications. He is noted to be on an intrathecal drug delivery system for chronic pain management. He notes that they will begin decreasing Oxycontin 80mg every two weeks to be discontinued. The claimant was seen in follow-up on 12/21/11. A review was performed by Dr. who non-certified the request. A peer to peer was conducted with PA May who notes that the patient's pain has been very difficult to control and manage and he has tried weaning several times over the past year but the patient has been able to get the facility's medical director to continue supporting the regimen. She notes that the guidelines recommend that dosing not exceed 120mg of oral morphine equivalents per day however the patient's Oxycontin dosage alone is 480mg of oral morphine equivalent per day. She subsequently notes that given these reasons the medical necessity for the request was not established. She further notes that the patient appears to be having opioid tolerance. A subsequent appeal request was reviewed on 01/09/12 by Dr. who notes the initial denial of Dr. and that according to the documentation the claimant has been recommended to wean from his oral medications starting with Oxycontin. It is reported that a weaning schedule has been attempted several times and not been accomplished. He notes that the patient appears to have opioid tolerance. He notes that no new information was provided which would alter the previous determinations.

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

The request for OxyContin 80mg q6hrs #120 is not supported as medically necessary and the previous utilization review determinations are upheld. This claimant has failed back surgery syndrome and has an intrathecal drug delivery system. He receives additional opiate medications in conjunction with oxycodone. Weaning has been attempted several times and ultimately fails. He is on an inordinately high dose of narcotic medications. There is no evidence that the claimant is non-compliant with his treatment plan, diverts medications or abuses his medications currently. This reviewer would concur with prior reviewers in that the claimant needs to be weaned from this medication, and current opiate medication profile is such that the claimant should not currently experience withdrawal symptoms. A letter was forwarded from the patient who reports that he has taken the same dose of oxycodone and Oxycontin for the last three years. He notes that his current dosages are oxycodone 180 mg and Oxycontin 320 mg. The claimant is on exceedingly high doses of opiates with an active Intrathecal pump. He is at very high risk for an adverse event despite his chronic use. The claimant's treating clinicians report attempting to wean the claimant on multiple occasions. There is a general consensus that the claimant's opiate use exceeds ODG recommendations for the management of chronic pain. The reviewer finds no medical necessity for OxyContin 80mg q6hrs #120.

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
- AHCPH-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)