

Prime 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Single Bolus Injection IT Pump Trial Dilaudid 2mg/ml

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 dated 11/30/11
Utilization review determination dated 10/13/11
Utilization review determination dated 11/23/11
Clinical records 12/05/08-11/04/11
Clinic note dated 02/10/09
Procedure report stellate ganglion block dated 09/29/10, 10/01/10
Designated doctor evaluation dated 07/15/10
Behavioral health treatment records dated 08/09/11, 09/20/11, 09/23/11, and 10/07/11
Operative report dated 09/27/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. He slipped and subsequently cut a nerve in his left hand injuring his left arm, back, chest, and right arm. He was identified as developing reflex sympathetic dystrophy. He has been under the care of for extended period of time. He has been refractory to all conservative treatment. He has undergone stellate ganglion blocks without improvement, physical therapy, interventional procedures, and individual psychotherapy. On 09/27/11 the claimant underwent a trial of intrathecal hydromorphone. He received 50% relief for approximately six hours post procedure. He returned to his baseline state. Per clinical note the claimant is reported to have had a technically successful trial as he had greater than 50% relief during the active period of this medication. Post-procedurally it was recommended that the claimant undergo a second trial with intrathecal Dilaudid at 2mg per mL.

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

This 30-year-old man has a history of reflex sympathetic dystrophy of the upper extremity. He has been refractory to all conservative and interventional treatments and subsequently was recommended to undergo a trial of an intrathecal pump. This trial performed on

09/27/11 indicates that the claimant received 50% relief as a result. This would be considered a successful trial, by evidence-based standards. Therefore, a repeat bolus of a second medication would not be clinically indicated. There would be no medical need for this second trial as per the ODG. The reviewer finds there is not a medical necessity for Single Bolus Injection IT Pump Trial Dilaudid 2mg/ml.

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)