

P-IRO Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Nov/26/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Pump Refill

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

Anesthesiologist

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury when he sustained a laceration to the left palm which transected the digital nerve. Clinical note dated xxxxxxindicated the patient requiring surgical intervention. The patient required two additional explorations and revision surgeries with a subsequent development of complex regional pain syndrome symptomology. The patient presented with daily complaints of severe levels of pain which he described as a burning sensation intermittently shooting. The pain was primarily located at the left arm and palm of the left hand and over the first and second digits. The patient reported continual sweating of the hand, skin surface temperature and color changes, and muscle atrophy of the hands, forearm, and upper arm. The patient also underwent two stellate ganglion blocks which did not provide any benefit. The patient utilized morphine sulfate, oxycodone, hydrocodone, Neurontin, Lyrica, Topamax, and Lidoderm patches. The patient also underwent occupational therapy with a difficult progression over the previous two months secondary to severe levels of pain. The patient had a current smoking habit of one to two packs per day for over 13 years. The patient was then recommended for a trial of medicated creams. Operative report dated 09/27/11 indicated the patient undergoing intrathecal pump trial. Operative report dated 11/01/12 indicated the patient undergoing intrathecal pump trial. Operative report dated 12/03/12 indicated the patient undergoing intrathecal catheter and intrathecal pump implantation. The behavioral health services note dated 04/12/13 indicated the patient complaining of 'running himself ragged'. The patient also had a negative perspective. Adjustment note dated 05/09/13 indicated the patient rating his pain as 8/10. The pump was noted and interrogated and confirmed to be accurate and consistent with the chart

record. The pump was then reprogrammed. The patient utilized Prialt 25mcg per mL at 10.001mcg per day. No complications were associated with the procedure. Clinical note dated 05/29/13 indicated the patient continuing with upper extremity pain. The patient rated his pain as 9/10. The patient underwent pump refill on 05/30/13. Refill note dated 08/09/13 indicated the patient undergoing pump refill. The pump was reprogrammed at a new dose of 12.501mcg per day. Refill note dated 09/12/13 indicated the patient undergoing pump refill. The patient rated his pain as 9/10. Pump adjustment note dated 09/30/13 indicated the patient utilizing 13.511mcg per day. Clinical note dated 10/09/13 mentioned the patient complaining of panic episodes manifested by his heart racing. The patient was utilizing Elavil at 50mg at half tablet QHS. Refill note dated 10/10/13 indicated the patient undergoing pump refill. The patient continued to rate his pain as 9/10. Pump adjustment note dated 10/17/13 indicated the patient pump increased. Clinical note dated 10/28/13 indicated the patient reporting 60% pain relief. Strength deficits were noted at the fingers, wrists, deltoids, biceps and triceps on the left. Refill note dated 11/07/13 indicated the patient undergoing pump refill. Utilization review dated 10/18/13 resulted in a denial for pump refill as chronic pain to be elevated despite the ongoing use of the pain pump. No information was submitted confirming the efficacy of the pain pump at this time. Utilization review dated 11/04/13 resulted in a denial for a pain pump refill as no indications were identified continuing that would indicate the continuation of the treatment.

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

The documentation submitted for review notes the patient undergoing the use of a pain pump refill. A pain pump refill would be indicated provided that the patient meets specific criteria, including 42 day interval between pain pump refills and significant benefit noted from the pain pump. The clinical notes indicate the patient rating his pain as 9/10. No objective data was submitted confirming a positive response to the use of the pain pump. The procedure notes indicate the patient undergoing pain pump refill on 10/10/13 and again on 11/07/13 indicating the patient undergoing a pump refills within recommended 42 day interval. Given these findings, the request for a pain pump refill is not indicated as medically necessary.

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 KNOWLEDGBASE

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)