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# Notice of Independent Review Decision

***Review Outcome:***

***A description of the qualifications for each physician or other health care provider who reviewed the decision:***

Anesthesology

***Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:***

- [x] Upheld (Agree)
- [ ] Overturned (Disagree)
- [ ] Partially Overturned (Agree in part / Disagree in part)

***Description of the service or services in dispute:***

Intrathecal pump trail

***Patient Clinical History (Summary)***

The patient is a female who sustained an injury on xx/xx/xx. The patient has been followed for a long clinical history of chronic low back pain secondary to a prior lumbar fusion from L4 through S1. The patient is noted to have had a prior spinal cord stimulator trial in 2012 and continued to be followed for pain management. Medications have included the use of Hydrocodone at 10/325mg as well as muscle relaxers. The patient's recent urine drug screen reports from 08/13/14 noted positive findings for Hydrocodone consistent with prescribed medications. Other medications for the patient were noted to include Gabapentin 100mg taken once daily as well as Percocet 10/325mg taken every 6 hours as needed. The patient was also being prescribed Lidoderm 5% patch and Cymbalta 30mg. As of 09/09/14, the patient continued to report complaints of pain in the low back between 6-7/10 in severity. The patient did report side effects from the use of Cymbalta and she did discontinue this medication. The patient did report benefit from the use of Percocet. The patient's physical exam noted limited findings with no substantial abnormal findings. There was some moderate tenderness to palpation in the lumbar spine with associated spasms. Straight leg raise testing was negative and there was positive facet loading signs noted. The requested urine drug screen intrathecal trials as well as compounded medications were denied on 09/24/14. Per the report, there was a discussion regarding neuromodulation but no specific discussion regarding the intrathecal drug trial. There was also lack of evidence within clinical literature supporting compounded topical medications.

***Analysis and Explanation of the Decision include Clincial Basis, Findings and Conclusions used to support the decision.***

In review of the clinical documentation submitted, the patient is noted to have had an extensive amount of pain management treatment since the date of injury as a result of prior lumbar fusion procedures. The patient was recently recommended to undergo an intrathecal pump trial in order to wean oral narcotics medications. The clinical documentation submitted for review has not established any inconsistent drug use or evidence of abhorrent medication behaviors. The patient did report benefits from the use of Percocet and it is unclear whether other long-term narcotic medications for chronic pain

have failed in this case. Per guidelines for chronic pain conditions, intrathecal pump trials are only indicated after a pretrial psychological evaluation ruling out any confounding issues that could possibly impact the post-trial results. The clinical documentation submitted for review did not contain any psychological evaluations as recommended by guidelines. As such, it is this reviewer's opinion that this intrathecal pump trial is not medically necessary and the prior denials are upheld. In regards to the requested topical compounded medications including Gabapentin, Baclofen, Lidocaine, and a Progel kit, guidelines do indicate that most topical analgesics are largely experimental and investigational in the treatment of chronic pain conditions. Both Gabapentin and Baclofen are not FDA approved for transdermal use. There is no indication of any substantial side effects or contraindications to oral medications that would support the use of a topical compounded medication. There was also no specific rationale for the use of a compounded medication when the patient is actively being prescribed oral anti-convulsants. Therefore, it is this reviewer's opinion that the requested compounded medication would not be medically necessary and the prior denials are upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of
- ☐ Chronic Low Back Pain Interqual Criteria
- ☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- ☐ Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☑ ODG-Official Disability Guidelines and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and 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)