

# US Decisions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Oct/27/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** pain pump refill (Morphine 25mg/ml 20mL)

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Anesthesiology and Board Certified 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.** It is this reviewer's opinion that medical necessity for pain pump refill (Morphine 25mg/ml 20mL ) is not established

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female who sustained an injury on xx/xx/xx. The patient has been receiving routine intrathecal Morphine pump refills through June of 2014. The patient did report high levels of pain between 7 and 8/10 in intensity through June of 2014. The patient's delivery rate of Morphine as of 04/04/14 was 2.597mg per day. At the intrathecal pump refill dated 06/03/14, the delivery rate of Morphine was increased to 2.799mg per day. At this refill, the patient reported continuing complaints of pain between 6 and 7/10 in intensity. Urine drug screen reports were noted to be positive for opioid medications. No other specific discussion regarding functional benefit or pain reduction with the use of intrathecal Morphine was discussed. It is unclear what the patient's medications were on an oral basis as of the last pump refill. There was a letter on 07/14/14 indicating that the patient did have a substantial amount of improvement with the use of intrathecal medications with improvement of activities of daily living. The patient was requiring refills every 3-4 months.

The intrathecal pump refill with Morphine was denied on 07/02/14 as there was limited discussion regarding significant relief with the use of pain pump analgesics as well as higher pain levels despite intrathecal medications. The requested concentration also exceeded the maximum recommended dose for the medication.

The request was again denied on 07/22/14 as it was unclear whether there had been any prior attempts at weaning. Although this was stated in the report, there was nothing documented. There was insufficient documentation regarding pain scores, a return to work, or psychological evaluation that would have supported continuing pump refills.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient has been followed for persistent complaints of chronic pain and has been receiving intrathecal refills since December of 2013 based on the clinical documentation provided. The clinical documentation did not specifically discuss functional improvement in terms of the patient being able to return to work. The letter indicated that the patient had returned to normal; however, he did not expound on this statement in regards to a return to work or what specific functional abilities the patient was able to perform with intrathecal medications that she was not able to perform without intrathecal medications. It is noted that the patient was consistently positive for opioid medications; however, no oral medications for this patient were discussed. Given the amount of Morphine being delivered to the patient intrathecally, there should be no positive opioid findings on urine drug screen reports if this is the only narcotic being prescribed to the patient on an intrathecal basis. It is only reasonable to expect the positive opioid finding if the patient was utilizing oral narcotics as well. Per current evidence based guidelines, the purpose of an intrathecal pump is to eliminate the need for oral medications. As this was not specifically addressed in the clinical reports and as there was no further discussion regarding further weaning of this intrathecal medication, it is this reviewer's opinion that medical necessity for pain pump refill (Morphine 25mg/ml 20mL ) is not established at this point in time 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 & 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)