

# US Resolutions Inc.

An Independent Review Organization  
3267 Bee Caves Rd, PMB 107-93  
Austin, TX 78746  
Phone: (361) 226-1976  
Fax: (207) 470-1035  
Email: manager@us-resolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Feb/17/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** intrathecal pump refill and medication (morphine sulphate)

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Physical Medicine and Rehabilitation and 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.** This reviewer would recommend modification for the proposed services of intrathecal pump refill and medication (morphine sulphate) down to three for three additional brief months of refills for weaning only.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Clinical record 06/27/13  
Clinical record 08/19/13  
Clinical record 09/24/13  
Clinical record 10/14/13  
Clinical record 12/10/13  
Prior utilization reports 12/10/13 and 12/19/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who sustained an injury on xx/xx/xx. The patient had a prior spinal cord stimulator placed in 2004 followed by an intrathecal pump in 2008. Other treatment included intra individual psychotherapy. It appeared that the patient was able to be weaned off of intrathecal medications and only saline was utilized for a period of time. From the clinical record on 06/27/13 the patient was receiving .40mg of intrathecal morphine daily with a pain scale of 5/10 on VAS. Prior concentration was noted to be .36mg per day. The patient described increasing pain levels despite intrathecal medications but the patient was able to complete physical activities with the most recent adjustment up in intrathecal medication. The patient returned on 08/19/13. Pain score was 6/10 on VAS. The patient stated that his increase in intrathecal infusion rate was beneficial for controlling pain medications. The patient was not working at this time. Daily intrathecal rate of morphine was increased to was increased by 5% at this visit. On 09/24/13 the patient presented with presented for intrathecal medication refill. The rat was set at .5442mg per day up from .424mg per day. The patient was seen again on 10/14/13. Pain score was 5/10 on VAS. The patient reported overall improvement in pain. The patient requested an increase to further his pain control. The morphine rate was increased to .65mg

daily. The patient was seen on 12/10/13. The patient was described to have increasing function throughout the time period of increasing slowly increasing intrathecal medication amounts. The patient was not taking any other narcotic medications. Pain scores at this evaluation were not provided. Intrathecal pump refills were denied by utilization review on 12/10/13 as there were increasing morphine sulfate infusion rates over the last documented months with no clear evidence of functional benefit. Pain scores were unchanged despite increasing amounts of intrathecal morphine. The request was again denied by utilization review on 12/19/13 as the patient was unable to be was unable to work. There were no recent attempts at oral analgesic analgesics.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient has been followed for chronic pain with intrathecal medication being restarted at some point in 2013. The notes available for review documented an increase in intrathecal morphine dosage up to .65mg per day approximately. The patient reported non-specific functional improvements and some pain reduction. The patient was not working as of the most recent clinical in 12/13. At this time the patient is utilizing intrathecal morphine and immediate cessation of this medication would not be appropriate or standard of care. In this case it is the opinion of this reviewer that the patient would require another three months of intrathecal medication refills to allow for a weaning schedule. Continuing intrathecal medications on an indefinite basis would not be medically necessary and this reviewer would recommend modification for the proposed services of intrathecal pump refill and medication (morphine sulphate) down to three for three additional brief months of refills for weaning only.

**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)