

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Dec/31/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Trial IT Nactic (0.5mg MSO4)

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

PM&R

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:

ODG - Official Disability Guidelines & Treatment Guidelines

Mental health evaluation 09/20/10

MRI cervical spine 06/26/12

Clinical notes 10/09/13

Request for treatment 10/10/13

Clinical note 11/06/13

Request for reconsideration 11/07/13

Clinical note 11/15/10

Procedure note 11/23/10

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported a long history of neck pain. Mental health evaluation dated 09/20/10 revealed the patient previously undergoing failed cervical spine surgery times three. The patient stated the initial injury occurred when he fell on top of his head. The patient previously underwent three cervical surgeries, physical therapy, injection therapy, and pharmacological interventions. The patient was endorsed for spinal cord stimulator trial as no psychosocial issues were noted. Procedure note dated 11/15/10 indicated the patient undergoing cervical spinal cord stimulator trial. Procedure note dated 11/23/10 indicated the patient undergoing removal of the spinal cord stimulator. MRI of the cervical spine dated 06/26/12 revealed post-surgical changes from C5 through C7. Metallic orthopedic device was noted at the posterior lateral elements in both sides. Posterior disc bulges were noted at

C3-4 and C4-5. Clinical note dated 10/09/13 indicated the patient undergoing cervical injection providing three weeks of pain relief. The patient had numbness and tingling with pain radiating into the left upper extremity and fourth and fifth digits. The patient had restricted range of motion. The letter of request dated 10/10/13 indicated the patient being recommended for the use of intrathecal narcotic including morphine sulfate for ongoing pain control. Clinical note dated 11/06/13 indicated the patient unable to undergo any further surgical intervention in the neck secondary to extensive prior history. The patient was unable to participate in any prolonged activities for more than 30 minutes at a time. Exam of the cervical spine revealed palpable tenderness along the C5 through C7 levels on the left. Pain radiated into the left upper extremity. The patient rated the pain as 7-10/10. The patient had failed the previous spinal cord stimulator trial. Letter of request dated 11/07/13 indicated the patient being recommended for MSO4 trial intrathecally. Utilization review dated 10/15/13 resulted in denial for intrathecal morphine as no information was submitted confirming recent physical therapy. Additionally, the morphine equivalent dose was noted to be 210mg/day which exceeded guideline recommendations. Utilization review dated 12/04/13 resulted in denial for use of intrathecal morphine as no psychological evaluation had been submitted. No evidence of monitoring of patient compliance was submitted.

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

Clinical documentation submitted for review notes the patient continuing with complaints of low neck pain despite a number of surgical interventions. Intrathecal trial of morphine would be indicated provided that the patient meets specific criteria, including a current morphine dose of less than 120mg per day and compliance with current drug regimen. The patient is currently utilizing 60mg of morphine, by mouth, three times a day along with Lortab at 10/500mg per day. This factors out to be a morphine equivalent dose of 210mg/day far exceeding the recommended 120mg per day. No information was submitted regarding a recent urine drug screen confirming the patient's compliance with the current drug regimen. Also, there is no recent psychological evaluation indicating that the patient is an appropriate candidate for IT trial. As such, it is the opinion of this reviewer that the request for a trial of IT Nactic (0.5mg MSO4) is not indicated as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES