

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

[Date notice sent to all parties]:

09/22/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: permanent intrathecal narcotic pump under anesthesia

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

Board Certified Anesthesiology

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to her low back. The MRI of the lumbar spine dated 01/19/05 revealed significant findings at L3-4, L4-5, and L5-S1. A clinical note dated 06/27/14 indicated the patient complaining of chronic pain at the low back. The patient underwent intrathecal injection trial that provided decent pain relief. However, there was indication the patient had reaction to the morphine sulfate in the form of a rash with associated itching. No allergic reaction was resulted from Dilaudid. A clinical note dated 07/29/14 indicated the patient previously undergoing multiple surgeries in the low back. The patient underwent trial of spinal cord stimulator resulting 100% pain relief. The utilization review dated 07/21/14 resulted in denial for permanent implantation of a spinal cord stimulator of intrathecal pain pump as insufficient as conflicting information was submitted of the response to the trial. The utilization review dated 08/08/14

resulted in denial due to the conflicting evidence of response to intrathecal trial.

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

The documentation indicates the patient undergoing numerous surgical interventions in the low back. A permanent implantation of intrathecal pump is indicated for patients who have undergone psychosocial evaluation resulting in discovery of no contraindications and the patient has had a successful trial of intrathecal pump. No information was submitted regarding a psychosocial evaluation addressing any confounding issues and potential outcomes of the pending procedure. It appeared the patient had positive response to additional medications. However, as no information was submitted regarding completion of a psychosocial screening this request is not fully indicated at this time. As such, it is the opinion of this reviewer that the request for permanent intrathecal narcotic pump under anesthesia is not recommended as medically necessary.

IRO REVIEWER REPORT TEMPLATE -WC

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

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
Implantable drug-delivery systems (IDDSs)

Indications for Implantable drug-delivery systems:

Implantable infusion pumps are considered medically necessary when used to deliver drugs for the treatment of:

- o Primary liver cancer (intrahepatic artery injection of chemotherapeutic agents);**
- o Metastatic colorectal cancer where metastases are limited to the liver (intrahepatic artery injection of chemotherapeutic agents);**
- o Head/neck cancers (intra-arterial injection of chemotherapeutic agents);**
- o Severe, refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral baclofen (Lioresal®) therapy (intrathecal injection of baclofen)**

Permanently implanted intrathecal (intraspinal) infusion pumps for the administration of opiates or non-opiate analgesics, in the treatment of chronic intractable pain, are considered medically necessary when:

- Used for the treatment of malignant (cancerous) pain and all of the following criteria are met:**

1. Strong opioids or other analgesics in adequate doses, with fixed schedule (not PRN) dosing, have failed to relieve pain or intolerable side effects to systemic opioids or other analgesics have developed; and
 2. Life expectancy is greater than 3 months (less invasive techniques such as external infusion pumps provide comparable pain relief in the short term and are consistent with standard of care); and
 3. Tumor encroachment on the thecal sac has been ruled out by appropriate testing; and
 4. No contraindications to implantation exist such as sepsis or coagulopathy; and
 5. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by a 50% reduction in pain. A temporary trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1-4 above are met.
- Used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of the following criteria are met:
1. Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, injection, surgical, psychologic or physical), if appropriate and not contraindicated; and
 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record (per symptoms, exam and diagnostic testing); and
 3. Further surgical intervention or other treatment is not indicated or likely to be effective; and
 4. Psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin, the patient has realistic expectations and that benefit would occur with implantation despite any psychiatric comorbidity; and
 5. No contraindications to implantation exist such as sepsis, spinal infection, anticoagulation or coagulopathy; and
 6. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1-5 above are met.

For average hospital LOS if criteria are met, see Hospital length of stay (LOS).