



Specialty Independent Review Organization

Date notice sent to all parties: 11/12/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of an intrathecal pump refill / analysis / medication.

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

The reviewer is a Medical Doctor who is board certified in Internal 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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of an intrathecal pump refill / analysis / medication.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male with chronic low back pain (with bilateral lower extremity radiculopathy) related to an injury in XXXX. He has persistent pain despite previous lumbar surgery and is felt to have post laminectomy syndrome. His analgesic regimen includes oxycodone, metaxalone, Lidoderm, and Neurontin. He has an indwelling intrathecal pump through which he receives fentanyl. The claimant requires a wheelchair due to an inability to ambulate, related to in part to persistent low back pain. He requires assistance to stand. The provider has stated that the claimant has an allergy to morphine. The maximum dose of Dilaudid was effective in treating the claimant's pain. A refill of the pump is requested.

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

Fentanyl is not FDA approved for intrathecal administration. There is not sufficient documentation of detail regarding the claimant having an allergy to morphine. The claimant additionally has not tried and failed ziconotide, which is a nonnarcotic analgesic that is FDA approved for intrathecal administration. Intrathecal pump refill / analysis / medication is not medically necessary.

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

- ACOEM- AMERICAN 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)**
 - Harden RN, Argoff CE, Williams DA. Intrathecal opioids for chronic pain: a call for evidence. Pain Med 2014; 15:1823.

 - Webster LR. The Relationship Between the Mechanisms of Action and Safety Profiles of Intrathecal Morphine and Ziconotide: A Review of the Literature. Pain Med 2015; 16:1265.