

# **Applied Resolutions LLC**

**An Independent Review Organization**

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## **Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 06/20/2016

### **Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Anesthesiology And Pain Management

### **Description of the service or services in dispute:**

Intrathecal pump refills/analysis, medicaagtion to fill pump (lumbar)

**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)

### **Patient Clinical History (Summary)**

The claimant is a male with a reported date of injury of XX/XX/XX due to a fall. The claimant has been diagnosed with lumbar radiculopathy and new chronic pain. The claimant was seen on XX/XX/XX complaining of low back pain with bilateral leg weakness. The claimant was seen for a followup for requesting prognosis of discontinuing the pump medication. The claimant stated that the current pain medication continues to have help control pain levels. The claimant was utilizing clonidine, bupivacaine, Neurontin, Cymbalta, morphine, and Requip. The claimant had clonidine a bupivacaine in the intrathecal pump. On examination, the claimant was in moderate distress with mid to low back tenderness. The physician indicated the claimant's pump was decreased to a minimal rate from 963 to 18.6 mcg/day, which is a 98% decrease, and the claimant was started on a prescription patch and oral prescription pain medications to help reduce any withdrawal symptoms. The claimant was given fentanyl patch with morphine IR as well as clonidine transdermal patch. The claimant will return to the clinic in a month or sooner with news about the restarting of his pump medication.

**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

The claimant is a male who was diagnosed with lumbar post laminectomy syndrome and radiculopathy. The claimant has had a previous decompression and fusion as well as an intrathecal pump implant in XXXX. The claimant went on to have further lumbar surgeries and continues to report low back pain. The reference to guidelines indicate the first stage of treatment utilizing an intrathecal delivery system would be with morphine. The second stage is indicated if side effects occur or upper limited dosing is reach, or neuropathic pain is preset. Clonidine is recommended as a second stage edition to an opioid and bupivacaine has also been recommended as an alternative to clonidine. The submitted documentation does not provide any indication of the efficacy objectively of the ongoing medication. Additionally, there is no indication of a failure of a first stage medication such as morphine via intrathecal drug delivery system. The second stage medications are only appropriate if there is side effects from the first level medications or an upper limited dose just reached, or if there is neuropathic pain present. Given that there is no documented

side effects from the recommended first stage medication, or an indication of an upper limit dosage that that had been reached with a failure of pain control or neuropathic pain, the requested intrathecal pump refills/analysis, medication to fill pump (lumbar) would not be necessary. Additionally, the specific description of the services or service in dispute is not specific to what medication with dosage and quantity is being requested. Given all of the above, the requested intrathecal pump refills/analysis, medication to fill pump (lumbar) remains denied, and the decision is upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)