

February 18, 2004

Re: MDR #: M2-04-0689-01  
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

## **REVIEWER'S REPORT**

### **Information Provided for Review:**

Correspondence  
H&P and office notes  
Electromyography reports  
Radiology reports

### **Clinical History:**

The claimant in this case has suffered debilitating pain issues associated with cervical and lumbar disc disease related to his injury on \_\_\_\_. He underwent intrathecal narcotic delivery system implant and was receiving intrathecal morphine by that system. In addition to intrathecal narcotics, the claimant was also maintained on p.o. morphine at a schedule of 15 mg b.i.d. It has been suggested that due to lack of documentation regarding the efficacy of the intrathecal narcotic delivery system along with the fact that the claimant has been maintained on adjuvant p.o. analgesic therapy that there is no need for maintenance of the intrathecal system.

**Disputed Services:**

Morphine pump refills, every three (3) months, X one (1) year, for a total of four (4).

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the morphine pump refills in dispute as stated above are medically necessary in this case.

**Rationale:**

Progress note of December 15, 2003 indicates that the claimant has done well with the morphine pump system. It is certainly not uncommon for the requirement of adjuvant p.o. analgesic therapy in conjunction with intrathecal narcotic delivery systems. Titration sequences performing such delivery systems can be lengthy before obtaining adequate analgesia. During such titration periods are other times when pain levels increase. P.o. adjuvant therapy is often employed. Modest dosing of morphine at 15 mg b.i.d. certainly does not preclude the need to continue servicing this claimant's intrathecal narcotic delivery system. Such delivery systems can be exceedingly effective in controlling debilitating chronic pain issues, but demand diligence in patients in the management thereof.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission, MS-48  
7551 Metro Center Dr., Ste. 100  
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on February 18, 2004

Sincerely,