

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	08/22/2006
Injured Employee:	
Address:	
MDR #:	M2-06-1695-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for intrathecal morphine pump placement.

DECISION: **Upheld**

IRO MCMCllc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 08/22/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Deny the intrathecal morphine pump implant as not medically necessary.

CLINICAL HISTORY:

The injured individual is a 47 year old male with date of injury _____. He then had lumbar surgery. He had epidural steroid injections (ESIs) which failed to help. An intrathecal pump trial was done in 05/2006 with good relief. The pump implant was denied as the prior reviewer felt the injured individual had not maximized his oral medications nor was the trial sufficient as it was a single shot technique and not a continuous infusion. Another reviewer denied it as there was no psychiatric clearance and the follow up after the trial failed to indicate how much or how long the relief lasted. The injured individual saw a neurologist in 03/2003 who noted his complaints seemed to be subjective and he was taking opiates, benzodiazepines, and using alcohol; it recommended detoxification. Dr. Rhandawa's note at the time of the pump trial indicates he was prescribed OxyContin 40mg twice daily (recently increased), Neurontin 300mg three times daily, Zanaflex, and Ambien. In 07/2006 the injured individual is on these same

medications. There is no mention of unpleasant side effects from the narcotics or if the higher dose OxyContin failed to help. There was a psychiatric evaluation, which found the injured individual to be an appropriate candidate to warrant a pump implant.

REFERENCE:

Bonica's Management of Pain. Third edition. Copyright 2000.

RATIONALE:

The implant was denied for reasons of no psychiatric evaluation, no indication the injured individual had exhausted oral narcotic alternatives, and no real indication quantitatively of how the trial worked. This review has some of these same questions. The injured individual was increased to OxyContin 40mg twice daily in 06/2006 but there is no indication if this made a difference. He can still be increased further on this drug or try other long acting narcotics. The injured individual did have a psychiatric evaluation for the pump trial in 04/2006. It noted no overt psychological disorders and recommended the trial. There also remains the lack of documentation of what percentage pain relief the injured individual received from the trial; typically over 50% with less need for oral medications needs to be documented to warrant an implant.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 07/14/06
- MR-117 dated 07/14/06
- DWC-60
- Amended DWC-69: Report of Medical Evaluation dated 02/23/06
- MCMC: IRO Medical Dispute Resolution Prospective dated 08/03/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 07/14/06
- Texas Mutual: Letter dated 08/01/06 from LaTreace Giles, RN
- Texas Mutual: Letter dated 08/01/06 regarding transmittal of checks and records for review
- Texas Mutual: Letters dated 06/13/06, 06/02/06 from Esther Garza, LVN
- Dr. Manjit S. Randhawa: Letters dated 06/22/06, 11/25/03, 09/23/03
- Angleton Danbury Medical Center: Reports of Operation dated 05/17/06, 10/16/03, 10/09/03, 10/02/03 from M. Randhawa, D.O.
- Kevin G. Smith, Ph.D. and Associates: Psychological Evaluation dated 04/18/06
- Memorial Neurological Association: Electromyogram and Nerve Conduction Studies Report dated 03/31/06
- Memorial Neurological Association: Procedure Preliminary Report dated 03/31/06
- Memorial Neurological Association: Neurological Evaluation dated 03/22/06 from Nelson Berrios, M.D.
- Angleton Danbury Medical Center: Myelogram L-spine, L-spine without contrast dated 01/06/06, myelogram L-spine, L-spine without contrast and 3D recon Cor/Sag/Multi/OBL dated 11/19/03
- Brazosport Memorial Hospital: MRI lumbar spine dated 12/15/05

- Churchill Evaluation Center: Report of Medical Evaluation dated 11/04/05 from Howard Bernstein, M.D. with attached Review of Medical History, Physical Examination, Impairment Rating Calculation and Detail, Testing and Measurements
- James Bonnen, M.D.: Established Patient Visit notes dated 02/25/05, 12/10/04, 06/18/04, 04/02/04, 02/27/04
- Texas Brain and Spine Center: Letter dated 10/22/04 from James Bonnen, M.D.
- James Bonnen, M.D.: Surgery Follow-up Visit notes dated 10/22/04, 09/10/04, 08/13/04
- Memorial Hermann Southeast Hospital: Operative Reports dated 07/27/04 from James Bonnen, M.D. and Laurens Pickard, M.D.
- Doctor, McCann & Arthur: Operative Note dated 01/28/04 from Uday Doctor, M.D.
- Texas Orthopedic Hospital: CT lumbar spine dated 01/28/04
- James Bonnen, M.D.: Outpatient Consultation dated 12/12/03
- Angleton Danbury Medical Center: Lab report dated 11/18/03
- Dr. Manjit S. Randhawa: Progress Notes dated 10/29/03 through 07/31/06
- Angleton Danbury Medical Center: Discharge Summaries dated 10/16/03, 10/09/03 and 10/02/03 from M. Randhawa, D.O.
- Dr. Manjit S. Randhawa: History and Physical dated 09/04/03
- Jeffrey B. Gibberman, M.D.: Follow Up Visit notes dated 08/25/03, 07/07/03
- John Maxwell, M.D.: MRI lumbar spine dated 07/09/03

The reviewing provider is a **Licensed/Boarded Pain Management/Anesthesiologist** and certifies that no known conflict of interest exists between the reviewing **Pain Management/Anesthesiologist** and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Department of Insurance Division of Workers' Compensation
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

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

In accordance with commission rule 102.4(h), 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 this

22nd day of August 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi