

CHALLENGE:

Chronic pain associated with cervical injury. Patient had multiple surgeries with current treatment consisting of Oxycotin 60 mg (4/day), Oxymorphone 10 mg (4/day) coupled with antidepressant, NSAID, muscle relaxant and insomnia treatment. At time of MSA preparation, total morphine equivalent dosage = **480 MED / Day** and the total MSA projection = **\$1,234,551**.

Physician Peer Review Case Study

SOLUTION:

Through its **Clinical Intervention Module**, Tower's clinical team initiated a Physician Peer Review to assess the appropriateness of the prescription drug regimen for the injured worker. The reviewing physician then engaged the pain management physician in a discussion regarding symptoms and behaviors associated with opioid addiction and recommended alternative treatment options to reduce MED (morphine equivalent dosage) of 480mg / day. Written agreement to wean the patient from both short and long acting opioid medications was obtained.

Due to aberrant behavior by the injured worker at the next OV, the physician refused further treatment. Tower then assisted client to identify a new pain management physician in full agreement with the weaning plan. Drug regimen was stabilized with Morphine Sulfate ER 60 mg (2/day).

RESULTS: \$1,023,910 IN SAVINGS

MED was reduced to 120 mg / day and all side effect medications were discontinued. MSA allocation was reduced to **\$185,872** and submitted to **CMS**. In its review, **CMS** accepted Tower's documentation of successful weaning and discontinuation, but increased the number of fills for the muscle relaxant, Tizanidine. **CMS** approved with a slight counter higher of **\$210,641**. Total savings was **\$1,023,910**.

Tower's **Physician Peer Review** and **Clinical Oversight** services are delivered through a fully integrated **Clinical Intervention Module**. This allows Tower to track progress and drive results through final resolution therefore simplifying the process for the client.

