

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The IRO determined the Darvocet, Liboderm, Topamax, Celebrex and Zanaflex were medically necessary. However, the IRO determined the Bioflexor was not medically indicated. The respondent raised no other reasons for denying reimbursement.

This Finding and Decision is hereby issued this 16th day of December 2002.

Noel L. Beavers, Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 8/31/01 through 11/14/01.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 16th day of December 2002.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/nlb

## NOTICE OF INDEPENDENT REVIEW DECISION

November 15, 2002

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0017-01  
IRO Certificate #: 4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_ physician reviewer who is board certified in anesthesiology which is the same specialty as the treating physician. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This 55 year old female sustained a work related injury on \_\_\_ when she began to experience bilateral hand numbness and tingling. The patient was diagnosed with bilateral carpal tunnel syndrome and right flexor tenosynovitis of the right thumb. On 08/26/97 the patient underwent a right carpal tunnel release. The patient continued to complain of pain and paresthesias of the right hand and was treated with injections and physical therapy sessions. The patient developed triggering of the right thumb and on 04/26/99 she underwent a right trigger thumb release. The treating physician prescribed the following medication to treat the patient's symptoms: Darvocet N, Lidoderm 5%, Bioflexor 270, Topamax, Celebrex, and Zanaflex.

### Requested Service(s)

Prescriptions for the following medications: Darvocet N, Lidoderm 5%, Bioflexor 270, Topamax, Celebrex, and Zanaflex.

### Decision

It is determined that the Darvocet N, Lidoderm 5%, Topamax, Celebrex, and Zanaflex were medically necessary to treat this patient's condition. However, the Bioflexor 270 was not medically indicated.

### Rationale/Basis for Decision

1. Darvocet N. The American Pain Society guidelines, World Health Organization (WHO) guidelines, as well as Texas House Bill 120 clearly allows physicians to treat patients with chronic pain with narcotics and opiates. The medical record documentation indicates that this patient has persistent pain following a work -related injury. However, the records state that on 11/14/01 Darvocet N causes GI upset and does not help her pain and should therefore have been discontinued after that date.
2. Topamax and Zanaflex. Both medications have been useful in alleviating neuropathy pain. They are being used in pain centers throughout the country for treatment of neuropathic pain regardless of etiology.
3. Lidoderm. This medication has been shown to be useful in neuropathic pain. It is reasonable to try this medication. However, the patient's pain remained at 8 out of 10 (scale 0-10) prior to and during the Lidoderm trial. It should not have been continued after the 11/14/01 date.
4. Celebrex. This medication is a Non-steroidal anti-inflammatory (NSAI) agent and is a step 1 medication in the WHO guidelines for treatment of pain. Although it is worth trying, medical record documentation fails to show improvement and should not have been continued after 11/14/01.
5. Bioflexor 270. There are no studies showing this medication to be useful in pain control.

All of the approved medications are acceptable modalities for this patient's complaints of numbness and tingling. Rheumatologic journals all support the use of these medications to alleviate inflammation and pain. Therefore, it is determined that the prescriptions filled for Darvocet N, Lidoderm 5%, Topamax, Celebrex, and Zanaflex were medically indicated. However, the prescription for Bioflexor 270 was not medically necessary.

Sincerely,