

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. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

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 not the only issue** to be resolved. There is still an unresolved fee dispute. The requestor notified the Division that no additional documentation would be submitted.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
3/12/02	Methadone 10 mg	\$ 25.83	0.00	V	AWP x units x 1.25 + \$4.00 = MAR	IRO decision	The IRO determined this RX was medically necessary; therefore, recommend reimbursement of \$25.83 x 2 = \$51.66 + \$ 32.42 = \$ 84.08.
4/9/02	Methadone 10 mg	\$ 25.83	0.00	V			
4/30/02	Amitriptyline 50 mg	\$ 32.42	0.00	V			
5/21/02	Methadone 10 mg	\$ 25.83	0.00	No EOB		Rule 134.504	The requestor submitted documentation to support out-of-pocket expenses for these two RXs. Recommend reimbursement of \$ 25.83 + \$ 18.90 = \$ 44.73.
6/17/02	Methadone 10 mg	\$ 18.90	0.00	No EOB			
TOTAL		\$128.81					The requestor is entitled to reimbursement of <b>\$128.81</b> .

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$128.81 to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 3/12/02 through 6/17/02 in this dispute.

This Order is hereby issued this 7th day of March 2003.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

November 15, 2002

Re: Medical Dispute Resolution  
MDR #: M5.03.0020.01  
IRO Certificate No.: IRO 5055

Dear

\_\_\_ has performed an independent review of the medical records of the above-named case 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.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Pain Management and Anesthesiology.

Clinical History:

This claimant is a 62-year-old man who ruptured a disc in his back on the job in \_\_\_, and was, subsequently, operated on. He had minimal improvement, and underwent a two-level fusion in early 1992, and also in 1993, but did not do well. He then underwent a re-do and hardware fixation and had a stimulator implanted. He has had some relief of his leg pain, and weakness in the lower legs, but none of the stimulation has, apparently, been affecting his back.

He initially was on hydrocodone and Neurontin, but has been changed to a regimen of methadone, amitriptyline and Neurontin, and seems to be doing well on that combination.

The denial of the requested medications stated that treatment with intermediate-strength or potent narcotic analgesics is not recommended for patients with chronic musculoskeletal pain as they carry a liability for habituation, addiction, and considerable cognitive dysfunction and loss of alertness.

Disputed Services:

Medications methadone and amitriptyline.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the medications in question are medically necessary in this case.

Rationale for Decision:

Treatment of chronic musculoskeletal pain is, indeed, appropriate with intermediate-strength and potent narcotic analgesics. Long-acting drugs such as methadone and the “contin” drugs are absolutely medically necessary and reasonable in certain cases of musculoskeletal pain.

They are not used to eliminate the pain, but rather to manage the pain at a level that allows the patient to function and, in many cases, function even better than before. When medications such as these are taken correctly, on a scheduled basis, they carry a low liability for habituation, addiction, or considerable cognitive dysfunction, and can result in considerable gains in the patient’s productiveness. In addition to this, the use of antidepressants is appropriate in this patient population. While the reviewer does not recommend sedatives or benzodiazepine medications, muscle relaxants and intermediate-strength and potent narcotics are used quite often in such cases.

The record shows this to be a compliant patient who has never taken his medications inappropriately. The care and management, according to the records, fits the guidelines for pain management in a patient such as this. Many patients like this are helped with medications such as these after multiple attempts at surgery and dorsal column stimulation fail.

Guidelines of the American Academy of Medical Acupuncture and the American Society of Anesthesiology were referenced for this report.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional 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 case for determination prior to referral to the Independent Review Organization.

Sincerely,