

MDR Tracking Number: M5-03-0052-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the prescription medications (including Amitriptyline, Oranitidine, Catapres, Paxil, Naproxen, Clonzaepam) rendered were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that prescription medications (including Amitriptyline, Oranitidine, Catapres, Paxil, Naproxen, Clonzaepam) fees were the only fees involved in the medical dispute to be resolved. As the treatment, (prescription medications) was not found to be medically necessary, reimbursement for dates of service 9/12/01 and 12/5/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 31<sup>st</sup> day of October 2002.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

October 29, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

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IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed MD who is specialized and board certified in anesthesiology. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

### CLINICAL HISTORY

\_\_\_ was injured pm \_\_\_. No details regarding the injury are contained in the medical records. She has been treated by either \_\_\_ or \_\_\_ since the initial evaluation by \_\_\_ on 12/15/98. Despite treatment, she has continued to complain of essentially the same symptoms throughout her treatment course, those being neck pain radiating into the right upper extremity, and back pain radiating into both legs, with numbness and tingling. She has been treated with a variety of medications, without significant benefit.

Reviewing the progress notes from 9/18/01 through 5/21/02, \_\_\_ has continued to complain of essentially no change in her pain level or pain location, despite continued use of medications consisting of Elavil, Zantac, Catapres, Paxil, Nroxen, Zostrix and Klonopin.

### DISPUTED SERVICES

The disputed services are regarding the medical necessity of oral medications prescribed from 9/21/01 through 12/05/01.

### DECISION

The reviewer agrees with the prior adverse determination.

### BASIS FOR THE DECISION

Review of progress notes from September 2001 through May 2002 clearly demonstrates no significant benefit whatsoever to the claimant's pain complaint, clinical presentation, physical exam, or pain distribution despite the use of the medications in question. It is neither medically reasonable nor necessary, nor accepted medical practice to continue the use of medications when there is no substantial benefit gained. In this case, it is clear that the continued use of medications is therefore neither medically reasonable nor necessary based on lack of clinical benefit.

As an officer of \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,