

FORTE

NOTICE OF INDEPENDENT REVIEW DECISION

Date: November 15, 2002

Requester/ Respondent Address : Paula Sadovsky, VONO Pharmacy, P.O. Box
15640, Ft. Worth, TX 76119
Linda Miller, Highlands Insurance, 10370
Richmond Ave., Houston, TX 77042
TWCC, Medical Dispute Resolution,
MS 48, 4000 S. IH-35, Austin, TX 78704-7491

RE: Injured Worker:
MDR Tracking #: M5-03-0324-01
IRO Certificate #: 5242

Forté 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 Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed 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 Family Medicine physician reviewer who is board certified in Family Medicine. The Family Medicine 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

The claimant's original history occurred on June 9, 1996. He had had extensive physical therapy on his left shoulder and wrist as well as a left carpal tunnel release. On 10/12/98 he was declared to be at maximum medical improvement with an 11 percent whole person impairment rating.

As of his 12/05/01 visit with a doctor, his diagnosis was lumbar radiculopathy, RSD of left upper extremity, left carpal tunnel syndrome and depression. He was also under the

care of an orthopedic surgeon and a pain management doctor. His complaints were of spasm, tenderness and increased pain of the lumbar region.

Requested Service(s)

The request is to address the medical necessity of the following medications: Hydrocodone, Vanadom, Alprazolam and Neurontin.

Decision

I agree with the insurance carrier that Alprazolam is not medically necessary. I disagree with the insurance carrier and find that Hydrocodone, Neurontin and Vanadom to be medically necessary.

Rationale/Basis for Decision

Alprazolam- I find no documentation that the claimant suffers from an anxiety disorder. If there is evidence of an anxiety disorder then consideration of an SSRI should be given for long term use.

Hydrocodone/Vanadom- The documentation shows that the claimant suffers from RSD in the left upper extremity. This pain is controlled with the Hydrocodone as well as the muscle relaxer. Consideration should be given to the generic version of Vanadom as well as a weaning process of the muscle relaxer. Muscle relaxers have been shown to lose their effectiveness in chronic pain.

Neurontin- There is no documentation in the doctor chart of this and I assume this was prescribed by the pain management doctor. Given the patient's chronic pain and documentation of RSD, I believe an attempt to control the pain with Neurontin is warranted.

This decision by the IRO is deemed to be a TWCC decision and order.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this

15th day of November 2003.

Signature of IRO Employee:

Printed Name of IRO Employee: