

MDR Tracking Number: M5-03-0424-01

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 prescription medication, Lortab and Valium were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that prescription medication fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 7/22/02 to 8/14/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17th day of March 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

December 23, 2002

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0424-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on ___ external review panel. This physician is board certified in orthopedic surgery. ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 57 year-old female who sustained a work related injury on _____. The patient had a myelography in the past that showed florid osteoarthritic changes involving the facets in the low back. She indicated that she requires medication to control her symptomatology. She is taking Lortab and Valium.

Requested Services

Prescriptions for dates 7/22/02, 7/31/02, and 8/14/02.

Decision

The Carrier's denial of coverage for these services is upheld.

Rationale/Basis for Decision

_____ physician reviewer has determined that after reviewing the medical records provided, the prescriptions for dates 7/22/02, 7/31/02, and 8/14/02 were not medically necessary to treat this patient's condition. _____ physician reviewer explained that the records submitted showed that between 7/21/02 and 8/13/02 the patient used a total of 220 Valium tablets of 10 mg each. _____ physician reviewer also explained that the patient also used Hydrocodone and Tylenol 100 tablets. _____ physician reviewer further explained that the number of these Valium medications is excessive for the duration in question. Therefore, _____ physician consultant concluded that the prescriptions dated 7/22/02, 7/31/02 and 8/14/02 were not medically necessary for the treatment of this patient's condition.

Sincerely,