

MDR Tracking Number: M5-03-0440-01

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 medications 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 the prescription medication fees were the only fees involved in the medical dispute to be resolved. As the treatment/medications were not found to be medically necessary, reimbursement for dates of service from 10/26/01 to 12/10/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this _____ 6th _____ day of, December 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

Enclosure: IRO decision

November 18, 2002

Ms. Carol Lawrence
Texas Workers Compensation Commission
Southfield Building, MS48
4000 S. IH-35
Austin, TX 78704-7491

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0440-01
TWCC #:
Injured Employee: ____
Requestor: Highpoint Pharmacy
Respondent: Lumbermens Underwriting Alliance

MAXIMUS Case #: TW02-0029

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). MAXIMUS' 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 MAXIMUS for independent review in accordance with this Rule.

MAXIMUS 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 MAXIMUS's external review panel. This physician is board certified in neurosurgery. MAXIMUS's 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 MAXIMUS for independent review. In addition, MAXIMUS's physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns an adult female with a history of diabetes. On ____, she sustained a work related injury in that the pressure from high heeled shoes she was required to wear at work caused a breakdown of her skin, leading to infection and amputation of the left small toe. She has developed pain in the affected foot and has been diagnosed reflex sympathetic dystrophy and chronic pain syndrome. She has received treatment, including traction, electrical stimulation, myofascial release heat and pain medications. A lower extremity electrodiagnostic study was performed on 9/27/01.

Requested Services

Prescription medications received from 10/26/01 to 12/10/01, which were denied as not being medically necessary. These medications are Propoxyphene-N/Acetaminop, Vanadom and Topamax.

Decision

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

Rationale/Basis for Decision

MAXIMUS's physician reviewer indicated that this individual has been diagnosed with reflex sympathetic dystrophy, chronic pain syndrome and complex regional pain syndrome. MAXIMUS's

physician reviewer noted that the denied medications are Propoxyphene-N/Acetaminop, Vanadom, and Topamax. MAXIMUS's physician reviewer explained that this pharmacologic regimen is not medically appropriate for treatment of these diagnoses. (Stanton-Hicks, M et al. Complex Regional Pain Syndromes: guidelines for therapy. Clin. J Pain, 1998 Hyb; 14(2):155-66. Stanton-Hicks, M et al. Reflex sympathetic dystrophy: changing concepts and taxonomy. Pain 1995 Oct; 63(1): 127-33.). Therefore, MAXIMUS's physician consultant concluded that these prescription medications were not medically necessary for treatment of the patient's condition.

Sincerely,
MAXIMUS

Lisa K. Maguire, Esq.
Project Manager, State Appeals