

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-4017.M5**

MDR Tracking Number: M5-03-0443-01

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 **or January 1, 2003** 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 prescriptions 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 medical necessity 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 12-19-01 through 3-13-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20th day of June 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

June 19, 2003

MDR Tracking #: M5-03-0443-01

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 Medical Doctor with a specialty in Pain Management and board certification 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

___ is a 51-year-old male who suffered a crush injury to the right hand on ___ during the usual course and scope of his work for. An extensive work-up of the injury has been made, including x-rays, MRIs and electrodiagnostic studies. He first saw ___ on 7/10/00. On 9/10/00 the patient received a perforating left-sided neck injury with emergency repair of the internal jugular vein and facial vein by ___ at ___ in Houston. In August of 2000 he began treatment with ___ at ___. Stellate ganglion blocks were done along with physical therapy. Medications including Vicodin, amitriptyline, ranitidine, metaxalone and naprosyn were prescribed. A peer review was done by ___ on September 13, 2001, who felt that ___ had achieved maximum medical improvement. Another review was made on 8/2/02 by ___ who felt that the maximum medical improvement was reached on May 3, 2002, with 19% whole person impairment.

DISPUTED SERVICES

Under dispute is the medical necessity of Skelaxin (metaxalone) and ranitidine.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

Skelaxin (metaxalone) is a muscle relaxant and ‘is indicated as an adjunct to rest, physical therapy and other measures for the relief of discomforts associated with acute, painful musculoskeletal conditions.’¹ As indicated by ___ in his report of 9/13/01, “Skelaxin is indicated for spasms of the larger muscles of the body” and “would not primarily be used for a hand injury.”

Ranitidine is a competitive, reversible inhibitor of the action of histamine at the histamine H₂ receptor. Ranitidine is indicated in treatment of duodenal and gastric ulcers, erosive esophagitis and gastric hypersecretory conditions.² ___ claims in his letter dated 6/5/03 that ranitidine is given “for heart burn due to stomach irritation, as a side effect of the previously mentioned medications.” Naproxen and other non-steroidal anti-inflammatory medications can cause irritation and bleeding to the gastric lining. This is not a secretory phenomenon and therefore ranitidine would provide no benefit or protection to Naproxen-induced gastric irritation.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee’s policy

As an officer of ____, dba ____, 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,