

MDR Tracking Number: M5-03-0614-01

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

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor for the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The disputed Pepcid, Aloe Vera, Lortab and Celebrex were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 29th day of January 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

January 9, 2003

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Re: Medical Dispute Resolution
MDR#: M5-03-0614-01
IRO Certificate No.: IRO 5055

Dear:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties

referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Pain Management.

Clinical History:

This male claimant injured his hip and lower back on his job on _____. Subsequent objective tests demonstrated dehydration of the L5-S1 disc with no evidence of disc herniation, spinal cord or nerve root impingement. An EMG on 06/14/95 revealed irritation of the left L-5 nerve root, but no radiculopathy. The claimant subsequently underwent three epidural steroid injections with no benefit.

Since 03/28/96, the treating physician has continued to prescribe medications, but the claimant has continued to complain of back pain radiating into the left leg. During the period of 12/04/00 through 01/04/02, the treating physician has seen the patient approximately every month, continuing to prescribe Soma, Celebrex, Lortab and an aloe vera liniment. The records document continuing back and leg pain despite these medication, as well as abdominal discomfort and pain, for which the patient was prescribed Pepcid.

Although the patient has continued to work, there is clear documentation that these medications have not provided significant relief. On 11/05/01 the treating physician documented a 90% reduction in pain, yet the claimant's pain level was described as 8/10. Nowhere in the records is a pain level of less than 8/10 with medication documented, with a pain level of 10/10 without medication. At best, the claimant was obtaining a 20% reduction in pain. On 05/03/02, the record reflects a pain level of 9/10 without medication, clearly indicating that there was no significant difference in pain level with or without medications.

The records document that the claimant resorted to heavy drinking to gain pain relief. On 03/04/02, it was reported that he was totally unable to work since he was no longer taking medications. Physical exam demonstrated no neuropathic changes and only nonspecific decreased range of motion. This pattern continued on 04/04/02 and 05/03/02, with physical exam demonstrating no neurological abnormalities, no straight-leg raising tests, and no dural signs. Other than nonspecific decreased range of motion, no abnormalities were noted on either of those dates.

Disputed Services:

Medications Pepcid, aloe vera, Lortab and Celebrex during the period of 11/05/01 through 12/04/01.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the medications in question were not medical necessary in this case.

Rationale for Decision:

The medical records clearly document no significant change in the claimant's pain level despite the use of these medications. It is also clear that he had no objective evidence of any pathology, injury, or damage to his lumbar spine to justify any ongoing treatment over six years after his soft tissue contusion injury. According to the *Texas Medical Practice Act* regarding the use of narcotics, it is neither medically reasonable, necessary nor appropriate to continue prescribing narcotics when there is no significant benefit documented from their use.

Regarding the use of aloe vera, this is a compound with no peer-reviewed scientific evidence of any efficacy for chronic long-term use of nonspecific backache, and is, therefore, medically unreasonable and unnecessary for treatment of this injury.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,