

MDR Tracking Number: M5-03-0769-01

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 prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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 prescription medications were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these prescription medication charges.

This Finding and Decision is hereby issued this 15<sup>th</sup> day of July 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 1/14/02 through 7/3/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 15<sup>th</sup> day of July 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/crl

## NOTICE OF INDEPENDENT REVIEW DECISION

July 8, 2003

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0769-01  
IRO Certificate #: IRO 4326

The \_\_\_ 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 \_\_\_ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the rendered 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 \_\_\_ physician reviewer who is board certified in pain management which is the same specialty as the treating physician. The \_\_\_ 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

This patient sustained injuries to his left knee when he slipped on the stairs on \_\_\_\_. He has had a left knee arthroscopic chondroplasty with anterior cruciate ligament repair and later a chondral auto-transplant. On 08/28/01, a determination of maximum medical improvement (MMI) with impairment of 12% was given by his orthopedic surgeon. He has continued having left knee pain and saw a pain management physician who had prescribed multiple medications.

### Requested Service(s)

Prescription medications rendered from 01/14/02 through 07/03/02

### Decision

It is determined that the prescription medications rendered from 01/14/02 through 07/03/02 were medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

This patient continued to have significant pain after two surgeries. Imaging studies done in February 2002, revealed an injury to the left medial knee that was very positive on the bone scan. In addition, the MRI dated 02/14/02 showed osteochondritis desiccans at the medial femoral condyle.

As such, the patient would be expected to have continued pain. Being a relatively large but fit man according to the records, weight-bearing will aggravate the pain. He is also opiate tolerant per noted documentation. Long-term chronic pain patients develop depression in at least 50% of the population in a recent large cohort study in the Journal of Pain and Symptom Management.

The reason and rationale for each medication is as follows:

Oxycontin: needed for baseline pain to keep patient comfortable and functional

Roxycodone: used as a "as needed" medication for incidental pain due to increased activity, weather changes, etc. not covered by oxycontin

Zanaflex: a muscle relaxant whose mechanism of action is intraspinal and intraneural, hence relaxation without weakness; has decreased habitual potential

Lactulose: opiates cause constipation; in fact, this is the only side effect that doesn't resolve with prolonged use

Elavil: as noted above, chronic pain patients develop reactive depression; although the dose prescribed was more likely used as a co-analgesic as opposed to depression; it decreases the amount of opiates needed for analgesia.

Therefore, it is determined that the prescription medications rendered from 01/14/02 through 07/03/02 were medically necessary.

Sincerely,