

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-3613.M5**

MDR Tracking Number: M5-03-1034-01

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 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 2/18/02 to 3/18/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of May 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

April 22, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-1034-01

___ 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 Physical Medicine and Rehabilitation.

Clinical History:

This female claimant was approximately 31 years old when she was injured while at work on ___ when she slipped and fell, landing on her lower back and elbow. It was some three years later, in ___, when she

sought treatment. She states she had a flare-up of symptoms nine days prior to this visit. She was seen in the emergency room, but those records are not available for review.

She was started on the usual conservative modalities, including physical therapy and medications, with only minimal results. A subsequent MRI indicated disc desiccation and a bulge at the L3-4 level with a small HNP.

Approximately 1½ years after ending her treatment with the physician with whom she had begun treatment in ____, she began treatment with another physician. Her symptoms worsened at this point, with sharp pain and complaints of radiculopathy. An MRI on 01/15/02 revealed slight bulging at the L3-4 and L4-5 discs without focal disk protrusions. An EMG revealed evidence of an L-5 radiculopathy. The patient underwent epidural steroid injection with only moderate relief.

Over the next few years, there were multiple intervening factors, one being that she became pregnant and had a child; and, secondly, she had an ovarian cyst that was treated urgently with surgical intervention.

Disputed Services:

The following medications during the period of 02/18/02 through 03/18/02:

- Ativan
- Celebrex
- Ambien
- Wellbutrin
- carisoprodol
- hydrocodone APAP

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the prescribed medications as listed above were not medically necessary in this case.

Rationale for Decision:

The continued use of medications is not clinically indicated to treat this claimant. The chronic use of narcotics such as hydrocodone has deleterious side effects such as tolerance, dependence, abnormal sleep patterns, and depression. The use of carisoprodol as a muscle relaxant is also not indicated for chronic use due to the fact that it is metabolized into a central nervous system depressant, which can also lead to depression in this claimant. The use of a COX-2 inhibitor such as Celebrex, while it may be beneficial, is not clinically indicated, as there is no evidence of any gastrointestinal difficulties.

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 or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,