

MDR Tracking Number: M5-03-1039-01

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.

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 prescribed medications, Amitriptyline, Carisprodol and Vioxx were found to be medically necessary. The Hydroco/apap was medically necessary for five (5) tablets/each per day. The respondent raised no other reasons for denying reimbursement for these work hardening charges.

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 1/7/02 through 5/12/02 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 9th day of May 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

April 25, 2003, Amended May 5, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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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 board certified in anesthesiology and specialized in pain management. 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 woman who suffered an industrial injury to the neck region on ___ during the usual course and scope of work for ___. She ultimately underwent a cervical discectomy and fusion at C5/6 and C6/7 with instrumentation.

She has subsequently been treated by ___ for cervical post-laminectomy syndrome. An additional cervical spine procedure by ___, a C4/5 fusion with screw and plates, was done in 1999.

She continues to follow-up with ___ who prescribes presently: 224 Vicodin ES per month, 30 amitriptyline 25 mg per month, 60 Soma 350 mg per month and Vioxx 25 mg per month. These medications are all ostensibly prescribed as part of a pain medication management regimen.

DISPUTED SERVICES

Under dispute are the medications Hydroco/apap, Amitriptyline, Carisoprodol and Vioxx prescribed from 2/7/02-3/6/02, 3/18/02-4/4/02, and 6/26/02-7/3/02.

DECISION

The reviewer both agrees and disagrees with the prior adverse determination.

The prescriptions for Amitriptyline, Carisoprodol and Rofecoxib are medically indicated at this time.

The hydrocodone 7.5 mg/acetaminophen 750 mg, in the quantities prescribed is not medically indicated. Hydrocodone 7.5 mg/acetaminophen 750 mg, in the quantity of 5 tablets consumed over a 24-hour period would be medically necessary.

BASIS FOR THE DECISION

Specific assumptions were made for the above decision, based on the records provided and inference from the clinical picture described by ___. Since each of these medications has a different indication, they will be addressed separately.

Hydrocodone 7.5 mg /Acetaminophen 750 mg (Vicodin ES)

This is indicated for relief of moderate to moderately severe pain. The reviewer assumes that this patient has this level of unresolvable chronic pain. The main problem with this medication is that it is being prescribed in quantities exceeding five tablets per day. Chronic intake of more than four grams of acetaminophen represents a risk of liver toxicity. This information is widely known and is published in the Physician's Desk Reference under Knoll Labs, the producer of this medication.

Amitriptyline 25 mg

Again, the reviewer assumes that this medication is being taken as a sleep aid for this chronic pain patient. If so, the medication is entirely appropriate and dosing within usual norms.

Carisoprodol 350 mg

This patient appears to have indications for occasional recourse to a muscle spasm controlling agent. Carisoprodol works well for some individuals. A small percentage of the people who take it develop a psychological dependency to meprobamate, a metabolite of Carisoprodol, but that is unlikely in the small monthly quantity prescribed of 60 per month.

Rofecoxib 25 mg

Non-steroidal anti-inflammatories are the first line of analgesic defense for chronic pain.

___ 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 ___, 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,