THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-3682.M5

MDR Tracking Number: M5-03-1058-01

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 Ambien, Paxil, Soma, Lortab, Etodolac XL, Hydro/APAP and Carisoprodol 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 Ambien, Paxil, Soma, Lortab, Etodolac XL, Hydro/APAP and Carisoprodol 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 2/14/02 to 3/14/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 14th day of May 2003.

Noel L. Beavers Medical Dispute Resolution Officer Medical Review Division NLB/nlb

April 23, 2003

Re: MDR #: M5.03.1058.01

___ 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 49-year-old male claimant sustained a work-related injury to his lumbar and cervical spine on ____. A 1992 MRI of the lumbar spine was essentially negative, as well as a cervical MRI performed during that

same timeframe was also essentially negative. The patient has been treated with continued medications and intermittent physical therapy.

Disputed Services:

Medications during the period of 02/14/02 through 03/14/02 as follows:

- Ambien
- Paxil
- Soma
- Lortab
- Etodolac XL
- hydrocodone APAP
- carisoprodol

Decision:

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

Rationale for Decision:

This middle-aged gentleman apparently sustained myofascial-type injuries to the cervical spine and lumbar spine. Initial diagnostic testing was, essentially, unremarkable. The patient has been treated in a conservative fashion with physical therapy and medication. No clinical indication for the ongoing use of medications for the subjective complaints of pain was presented Furthermore, on physical examination; there are multiple Waddell's signs, being non-dermatomal distribution of pain without clinical evidence of radiculopathy. The continuing use of medications in a patient with subjective complaints of pain and inconclusive findings on diagnostic and clinical examinations is not indicated.

There is no clinical indication to pursue a path of medications for a soft tissue injury to the back that is now over 10 years old. Chronic use of narcotics such as Lortab has deleterious side effects, namely being tolerance, dependence, abnormal sleep patterns, and depression. The use of carisoprodol, Soma, as a muscle relaxant is also contraindicated for long-term use. Soma metabolizes into a central nervous system depressant, which has a tendency, over a prolonged period of time, to result in chronic depression. The use of Ambien as an adjunct to sleep is also clinically not indicated.

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,