

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 medication was 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 date of service 2/6/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9<sup>th</sup> day of May 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

### **NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** April 17, 2003

**Requester/ Respondent Address :** Rosalinda Lopez  
TWCC  
4000 South IH-35, MS-48  
Austin, Texas 78704-7491

**RE: MDR Tracking #:** M5-03-1411-01  
**IRO Certificate #:** 5242

\_\_\_ 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 Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed 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 physical medicine and rehabilitation physician reviewer who is board certified in physical medicine and rehabilitation. The physical medicine and rehabilitation 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 claimant sustained an occupational lower back injury of \_\_\_\_\_. He is under the care of an osteopathic physician for management of right sacroiliac joint dysfunction and on 02/06/02 is prescribed the medications Vioxx (non-steroidal anti-inflammatory medication) and Zanaflex (muscle relaxant). This is according to the only submitted medical documentation by the osteopathic physician correspondence letter dated April 15, 2002.

**Requested Service(s)**

Were prescriptions on February 6, 2002 medically necessary?

**Decision**

The prescriptions on February 6, 2002 were not medically necessary.

**Rationale/Basis for Decision**

Due to the very limited clinical documentation submitted by the osteopathic physician, the medications Vioxx and Zanaflex is not considered medically necessary and reasonable because there is no associated treatment plan to justify ongoing medication management with these particular prescribed pharmaceutical agents. Additionally, there are no associated objective radiological or physical examination findings with the exception of palpatory findings to justify the requested prescribed medication management.

This decision by the IRO is deemed to be a TWCC decision and order.

<p>In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 17<sup>th</sup> day of April 2003.</p>
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