

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-03-3612.M5**

MDR Tracking Number: M5-03-1672-01

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, 2003 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 the disputed 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 3/26/02 to 5/7/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30<sup>th</sup> day of April 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

**NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** April 23, 2003

**MDR Tracking #:** M5-03-1672-01  
**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 sixty year old female sustained occupational injuries of \_\_\_ while working for a \_\_\_. Reportedly, she was descending stairs over a conveyor and her foot slipped off the bottom step. She fell forward, sustaining injuries of the cervical spine, lumbar spine, right shoulder and ankle. After initial conservative measures, she underwent cervical spine and lumbar spine MRI scans demonstrating degenerative changes without evidence of a neurocompressive injury. On May 14, 1998 the claimant underwent a two level cervical discectomy/fusion by the doctor. The claimant remained unimproved. She underwent subsequent lumbar spine MRI scan of 2001, which is again positive for degenerative disc disease without evidence of a disc herniation or neurologic impingement. Based upon a designated evaluation by the doctor of November 9, 1998, the claimant was found to have reached maximum medical improvement (MMI) with a 17% whole person impairment. Most recently the claimant has been under the care of another doctor. She is seen at monthly intervals, primarily for chronic pain medication management.

**Requested Service(s)**

Medication prescriptions on March 26, 2002 through May 7, 2002 for the following medications: Elavil (Amitriptyline), Vanadom (Generic Soma-Carisoprodol), Neurontin (Gabapentin) and Prop Oxy/APAP (Darvocet).

**Decision**

I agree with the insurance carrier that the above listed prescribed medications, from the period of March 26, 2002 to May 7, 2002, are not medically necessary or reasonable.

**Rationale/Basis for Decision**

The ongoing treatment program provided by the doctor, including the multiple chronic pain medication management, is not providing any progressive benefit to the claimant. Furthermore, there is no specific rehabilitative treatment plan provided by the doctor with regard to any change in medication management, such as attempting to wean the synthetic narcotic analgesic medication Darvocet, to determine if it is truly providing benefit to the claimant. Additionally, the doctor does not incorporate a Narcotic Medication Management Agreement with regard to the ground rules for chronic narcotic medication management, such as random pill counts, urine testing, and authorization to discuss the medication management with the dispensing pharmacist. The Letter of Medical Necessity by the doctor dated June 19, 2002, references neuropathic pain that the claimant is experiencing for which he is prescribed Neurontin and Amitriptyline. However, there is no associated specific documented objective neurologic impairment to support this statement. The chronic use of Vanadom (Generic Soma-Carisoprodol) is not supported because these particular medications lose effectiveness over time and because the Carisoprodol is metabolized to meprobamate which is habituating tranquilizer with significant abuse potential.

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 23 <sup>rd</sup> day of April 2003.
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