

MDR Tracking Number: M5-03-1855-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on 3/20/03.

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 prescription medications, Vioxx and Ultracet 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 fees were the only fees involved in the medical dispute to be resolved. As the treatment prescription medications, Vioxx and Ultracet were not found to be medically necessary, reimbursement for dates from 3/21/02 to 5/17/02 of service is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of September 2003.

Carol Lawrence
Medical Dispute Resolution Officer
Medical Review Division
CRL/crl

May 13, 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 and specialized in Orthopedic Surgery. 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

This patient was apparently diagnosed and treated for cervical disc herniation without myelopathy by ___, an orthopedic surgeon. This treatment was for a work-related injury that occurred on ___. ___ continued to have pain and weakness, so ___ prescribed Ultracet, a pain medication, and Vioxx, a nonsteroidal anti-inflammatory drug. These records do not contain information regarding the reasons why the medications were needed. There is no information regarding the patient's age, his medical condition or information about the extent of this gentleman's injury.

DISPUTED SERVICES

Under dispute is the medical necessity of prescription medications rendered from 3/21/02 through 5/17/02.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

Due to the paucity of information, the reviewer cannot justify the use of the disputed medications. As mentioned above, no information was provided regarding the patient's overall state of health or even the patient's age. There is no description of the extent of the patient's injury or the anatomic structural damage that is present as a result of the injury.

___ 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,