

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

SOAH DOCKET NO. 453-03-4252.M5

MDR Tracking Number: M5-03-1935-01

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 the prescription medications were not medically necessary.

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 11/1/02 to 1/23/03 is denied and the Division declines to issue an Order in this dispute.

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

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

July 3, 2003

MDR Tracking #: M5-03-1935-01
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 Doctor of Osteopathy with a specialty in Pain Management and board certification in Anesthesiology.

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

___ incurred a back injury while lifting a laundry bag on ___. She was evaluated shortly thereafter, had conservative therapies, yet failed to improve substantially. She had history of lumbar laminectomy in 1978 and L5/S1 fusion in 1982. She continued to have back pain and numbness and tingling in her legs thereafter. Surgical evaluation was accomplished and surgery was not indicated. On 4/2/97 an impairment rating of 12% was issued with MMI being reached on 4/2/97 as well. A second impairment and MMI rating was accomplished on 9/26/97. This patient went on to have diagnostic nerve blocks and discography, followed by a spinal cord stimulator implant with subsequent revision, and later a intrathecal narcotic delivery system was implanted. Apparently there have been issues with breakthrough pain, although this is not at all clear in the materials provided. It would seem that the Hydrocodone preparation in question here is for that breakthrough pain.

DISPUTED SERVICES

Under dispute is the medical necessity of prescriptions from 11/1/02 through 1/23/03.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

There is no indication within the materials reviewed that either qualifies or quantifies the patient's breakthrough pain complaints. Likewise, there is no indication as to whether the pain is of a neuropathic or somatic/mechanical nature, and to what degree, if any, continued treatment with the Hydrocodone/Acetaminophen preparation is effective. Without substantial documentation of efficacy and lack of any indication as to side effects that may issue from continued Hydrocodone use, the reviewer cannot find that the continued treatment with that preparation is either reasonable or necessary.

___ 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 ___, dba ___, 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,