

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

SOAH DOCKET NO. 453-04-0666.M5

MDR Tracking Number: M5-03-2014-01

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 April 14, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby Orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The Neurontin, But/ASA/CAFF Cod, Carisoprodol and Promethazine **were found to be medically necessary**. The respondent raised no other reasons for denying reimbursement for Neurontin, But/ASA/CAFF Cod, Carisoprodol and Promethazine charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 6/7/02 through 12/2/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

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

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

September 5, 2003

**NOTICE OF INDEPENDENT REVIEW DECISION
Corrected Letter**

RE: MDR Tracking #: M5-03-2014-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. This physician is board certified in neurology. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 48 year-old male who sustained a work related injury on ___. The patient reported that while at work he tripped on an anchor boat and fell striking his head and back. The patient reported that he also heard a "pop" in his lower back when he fell. The patient was transported to the emergency room via ambulance where he was evaluated, underwent X-Rays and prescribed pain medications, muscle relaxants and anti-inflammatory medications. The patient then sought treatment from a chiropractor and was started on physical therapy that included hot/cold pack, electrical stimulation, ultrasound and manipulations. The patient underwent a neurological evaluation on 9/11/00. The diagnoses for this patient have included displacement of a lumbar intervertebral disc without myelopathy, compression of the spinal nerve root and displacement of the cervical intervertebral disc without myelopathy. The patient is status post lumbar laminectomy in 1993. The patient underwent a CT scan of the lumbar spine on 9/30/02 that showed central disc protrusion at L4-5 with degeneration of the L4-5 disc. The patient has also been treated with oral medications that included Carisoprodol, Promethazine, Neurontin and BUT/ASA/CAFF.

Requested Services

Prescription medications from 6/7/02 through 12/2/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 48 year-old male who sustained a work related injury to his head and back on ____. The ___ physician reviewer also noted that the diagnoses for this patient have included displacement of a lumbar intervertebral disc without myelopathy, compression of the spinal nerve root and displacement of the cervical intervertebral disc without myelopathy. The ___ physician reviewer further noted that the patient has been treated with oral medications that included Carisoprodol, Promethazine, Neurontin and BUT/ASA/CAFF. The ___ physician reviewer indicated that the patient has cervical, thoracic, lumbar spine pain and headaches caused by the work related injury on ____. The ___ physician reviewer also indicated that the patient sustained a spinal injury with diffuse spinal pain and headaches after the surgery. The ___ physician reviewer explained that the Soma, Promethazine and Fioricet, are respectively a muscle relaxer, antinausea medication (common with headaches), and a pain medication (usually for headaches). The ___ physician reviewer also explained that Neurontin is an appropriate medication to treat this patient's condition. The ___ physician reviewer further explained that based on the patient's history, the spinal pain and headaches are causally related and therefore the medications are necessary. Therefore, the ___ physician consultant concluded that the prescription medications from 6/7/02 through 12/2/02 were medically necessary to treat this patient's condition.

Sincerely,