

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NO.:**

SOAH DOCKET NO. 453-04-0362.M5

MDR Tracking Number: M5-03-2265-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 17, 2001 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, Celebrex, Neurontin, Tamadol, Trazodine, APAP codeine, Acetaminophene, 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 the prescription medication (Celebrex, Neurontin, Tamadol, Trazodine, APAP codeine, Acetaminophene) 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 11/6/02 to 4/14/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19th day of, August 2003.

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

August 11, 2003

MDR Tracking Number: M5-03-2265-01
IRO Certificate# 5259

An independent review of the above-referenced case has been completed by a medical physician [board certified] in family practice. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

All submitted medical records were thoroughly reviewed. In summary, this patient sustained a back injury at work on ___. She was diagnosed with sacroiliac strain and lumbosacral muscle strain. She was treated with medications and physical therapy. Her physician released her to work with light duty restrictions 4/18/94. Subsequently she has seen several physicians and prescribed multiple medications. Two physicians determined she was at MMI on 1/24/95 and 4/17/94, respectively, and her disability was set at 5% by both doctors. During her treatment, she had an MRI of her lumbar spine, which revealed a slightly bulging L4-5 disc with no herniation or impingement noted, and there was evidence of degenerative disc disease as well. Of note, this patient was noncompliant with several physical therapy courses, missed an initial evaluation with a PMR specialist and did not reschedule, and was referred to comprehensive pain programs, a work hardening program, and vocational re-education with minimal or no follow-up by the patient. The last treatment note was dated 3/21/03 from Dr. ___.

REQUESTED SERVICE (S)

Requested medications: Celebrex, neurontin, Tramadol, Trazadone, APAP codeine, Acetaminophen #3.

DECISION

Uphold denial for noted medications.

RATIONALE/BASIS FOR DECISION

This patient sustained a work related back injury on ___ diagnosed as S1 and L5 muscle strain. She was treated with appropriately, conservative care and released to work with light duty restrictions 4/18/94. A subsequent MRI revealed a minimal bulging L4-5 disc with no herniation and degenerative disc disease which is a chronic condition not related to her work related back injury. Her recurrent symptoms appear to be exacerbations of her chronic back disease and other factors including noncompliance, chronic pain behavior, and possible secondary gain issues. Since this patient's work related injury had sufficiently resolved to return to work on 4/18/94 and had an initial MMI determination completed on 1/24/95, the medications were no longer medically necessary and the original denial should be upheld.