

MDR Tracking Number: M5-03-2698-01

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 June 24, 2003.

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 prescribed 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 fees were the only fees involved in the medical dispute to be resolved. As Hydro/APAP, Carisoprodol, and Alprazolam were not found to be medically necessary, reimbursement for dates of service from 6/26/02 through 9/25/02 are denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 26<sup>th</sup> day of August 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

August 21, 2003

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M5-03-2698-01  
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 board certified in Anesthesiology and specialized in Pain Management. 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

\_\_\_ sustained a lifting injury on \_\_\_, though the medical records do not detail the mechanism of her injury. She complains of cervical and thoracic pain, as well as eventual bilateral shoulder, lumbar and bilateral leg pain.

She was treated by \_\_\_ from 1/22/01 through 6/23/03 with a variety of medications. Virtually all of the physical examinations by \_\_\_ during that time period indicate non-specific findings of tenderness, but no focal pathologic findings. \_\_\_ pain level has remained at a 7-8/10 despite the medications that \_\_\_ has provided. There is no documentation of any objective evidence of clinically significant abnormalities on x-rays, electrodiagnostic tests or cervical MRI. Essentially all that is documented is ongoing subjective pain complaints with no physical exam evidence of clinically significant abnormalities or objective test evidence of pathology.

From 6/26/02 through 9/25/02 this patient was prescribed Hydrocodone 10 mg at a dose of BID, Carisoprodol 350 mg at a dose of five to six daily, and Alprazolam at a dose of 2 mg TID. \_\_\_ has written letters of medical necessity for the use of these medications on 6/5/02 and 10/15/02. The prescriptions have been denied as medically unnecessary per Peer Review by \_\_\_ on 5/22/02.

#### DISPUTED SERVICES

Under dispute is the medical necessity of prescription medications from 6/26/02 through 9/25/02.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

This patient has nothing more than subjective pain complaints with no objective evidence of pathology. Her physical examinations have never demonstrated any clinically significant findings or any focal findings of abnormality. Essentially, her subjective complaints have no objective validation.

The use of a strong narcotic such as Hydrocodone is not medically reasonable or necessary when there is no substantiation or objective evidence to support the patient's pain complaints. The potential side effects of long-term use of narcotics, specifically physical dependence and possibly psychological addiction, outweigh the benefits of the use of opioids such as Hydrocodone when there is no objective evidence of pathology.

Similarly, Carisoprodol, a potentially highly addictive muscle relaxant, is not medically indicated for long-term use, especially in the absence of any muscle injury. Moreover, the prescribed dosing of Carisoprodol at five to six tablets daily is excessive and beyond the recommended dose as described in the PDR by the manufacturer. There is no scientific evidence of long-term efficacy of the use of Carisoprodol for non-specific pain.

Finally, the use of Xanax is highly questionable in any chronic pain patient due to its clearly highly addictive nature. Alprazolam is an anti-anxiety agent with no analgesic properties. There is no scientific evidence that the treatment of anxiety in any way mediates pain complaints. The extremely addictive nature of Alprazolam far outweighs any benefit in this case, especially since there is no medical evidence of anxiety disorder or medical indication for the use of this medication.

Therefore, none of the medications prescribed from 6/26/02 through 9/25/02 are medically indicated, reasonable or necessary for the treatment of this patient's non-specific strain injury of almost seven years ago, with no objective evidence of pathology and no physical examination evidence of clinically significant abnormalities.

\_\_\_ 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,