

MDR Tracking Number: M5-03-2853-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on July 9, 2003.

The IRO reviewed prescribed medications: Celebrex, Prevacid, Carisoprodol, Hydro/Apap rendered from 7/9/02 through 8/8/02, and 10/17/02 denied based upon "U".

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 not the only issue** to be resolved. The Celebrex, Prevacid, Hydro/Apap and Carisoprodol rendered from 7/9/02 through 8/8/02, and 10/17/02 were found to be medically necessary. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On September 17, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

The "T" denial was abolished in January 1, 2002. Therefore the prescribed medications denied by the carrier as "T" will be reviewed according to the Pharmacy Fee Guideline.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	DRUG	Billed	Paid	EOB Denial Code	Reference	Rationale
10/4/02	Hydro/Apap 1.5/500 #40	\$21.34	\$0.00	T	Advisory 2002-11 <u>Pharmaceutical Fee Guideline (I-II)</u>	The documentation submitted by the requester supports delivery of the prescribed medications. Therefore the requester is entitled to reimbursement of the disputed charges.
10/4/02	Carisoprodol 350 mg #40	\$141.06	\$0.00	T	Advisory 2002-11 <u>Pharmaceutical Fee Guideline (I-II)</u>	The documentation submitted by the requester supports delivery of the prescribed medications. Therefore the requester is

					<u>II)</u>	entitled to reimbursement of the disputed charges.
TOTAL		\$162.40	\$0.00			The requestor is entitled to reimbursement in the amount of \$162.40.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 7/9/02 through 10/17/02 in this dispute.

This Order is hereby issued this 9th day of January 2004.

Margaret Q. Ojeda
 Medical Dispute Resolution Officer
 Medical Review Division

MQO/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

September 4, 2003

Rosalinda Lopez
 Program Administrator
 Medical Review Division
 Texas Workers Compensation Commission
 4000 South IH-35, MS 48
 Austin, TX 78704-7491

RE: MDR Tracking # M5-03-2853-01
 IRO Certificate # IRO 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians 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 this case.

Clinical History

This patient sustained a back injury on ____, mechanism unknown. He underwent an L5-S1 laminectomy and discectomy on 01/23/99. He continued to have pain, lumbar radiculopathy, and facet syndrome. The patient has been seeing a neurosurgeon who prescribed pain and muscle spasm medications.

Requested Service(s)

Prescription medications from 07/09/02 through 10/17/02

Decision

It is determined that the prescription medications from 07/09/02 through 10/17/02 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

There have been no peer-reviewed studies of the long-term use of narcotics for low back pain. However, a parallel can be drawn to chronic opioid use in non-cancer chronic pain. Here the recommendation, derived from the Academy of Pain Management as well as the Academy of Geriatrics, are that non-escalating doses of narcotics can be used to maintain function (as in this case), but only when used in combination with other therapies and only if the opioids do not cause significant side effects, particularly sedation. Therefore, it is determined that the prescription medications from 07/09/02 through 10/17/02 were medically necessary.

Sincerely,