

MDR Tracking Number: M5-03-3247-01

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 133.307 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 August 12, 2003.

The IRO reviewed prescribed medications: Hydroxyzine, Effexor-XR rendered on 9/13/02, 9/24/02 and 10/24/02 were 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 Hydroxyzine, Effexor-XR rendered on 9/13/02, 9/24/02 and 10/24/02 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 October 22, 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.

Review of the TWCC 21 revealed that the carrier is denying the cervical and thoracic regions of the back, however, review of the letter submitted by \_\_\_\_, M.D., F.A.C.S., dated 6/5/03 documents that the Hydroxyzine and Effexor were prescribed to the injured worker for relief of lumbar radiculopathy, right worse than left and lumbar facet syndrome to help with pain and inflammation. Therefore as the requestor is not treating the thoracic area, compensability is not an issue. The dates of service noted below 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
8/28/02	Hydroxyzine 25mg #60	\$13.76	\$0.00	R	TWCC Rule 134.502(f) & 134.503 (a-e)  <u>Pharmaceutical Fee Guideline (I-</u>	Review of the Commission's records revealed that a TWCC 21 was not filed disputing compensability; therefore the date of service in dispute will be reviewed
8/28/02	Effexor-XR 75mg #60	\$361.10	\$0.00	R		
10/3/02	Hydroxyzine 25mg #60	\$13.76	\$0.00	R		

11/22/02	Effexor-XR 75mg #60	\$361.10	\$0.00	R	<u>II)</u>	according to the <u>PFG</u> . The requester submitted documentation to support delivery of service. Therefore the requester is entitled to reimbursement of the prescribed medication.
TOTAL		\$749.42	\$0.00			The requestor is entitled to reimbursement in the amount of \$749.42

**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 8/28/02 through 11/22/02 in this dispute.

This Order is hereby issued this 29<sup>th</sup> day of January 2004.

Margaret Q. Ojeda  
 Medical Dispute Resolution Officer  
 Medical Review Division  
 MQO/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

**Amended Letter  
 Note:** Decision

October 16, 2003

Rosalinda Lopez  
 Program Administrator  
 Medical Review Division  
 Texas Workers Compensation Commission  
 7551 Metro Center Drive, Suite 100, MS 48  
 Austin, TX 78744-1609

RE: MDR Tracking #: M5-03-3247-01  
 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 lower back injury on \_\_\_, mechanism unknown. She underwent a L3-L5 laminectomy, fusion, and posterior instrumentation on 09/26/00. She returned to her neurosurgeon for continued low back pain radiating into the buttocks and thighs.

#### Requested Service(s)

The hydroxyzine prescribed 09/13/02 and 10/24/02 and the Effexor-XR prescribed 09/24/02 and 10/24/02

#### Decision

It is determined that the hydroxyzine prescribed 09/13/02 and 10/24/02 and the Effexor-XR prescribed 09/24/02 and 10/24/02 were medically necessary to treat this patient's condition.

#### Rationale/Basis for Decision

Although the medical record is scant in regards to this patient's clinical record, the prescribing physician is using a well-known potentiating medication. This limits the need for narcotic medication and improves the patient's activities of daily living (ADLs). These medications are appropriate and medically indicated. Therefore, it is determined that the hydroxyzine prescribed 09/13/02 and 10/24/02 and the Effexor-XR prescribed 09/24/02 and 10/24/02 were medically necessary.

Sincerely,