

MDR Tracking Number: M5-03-3308-01

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 8-18-03.

The IRO reviewed prescription medication, Celebrex, Carisoprodol and Hydroco/APAP rendered from 8-21-02 to 9-16-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On November 6, 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.

A Benefit Review Conference was held on June 6, 2003, and the Hearing Officer, Ken Wrobel, determined that "Claimant sustained disability resulting from an injury sustained on ____, from February 21, 2002, through the date of the hearing."

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

Neither party submitted EOBs to support services identified as "No EOB"; therefore, they will be reviewed in accordance with *Pharmacy Fee Guideline*.

DOS	RX	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
10-2-02	Carisoprodol	\$158.20	\$0.00	No EOB	\$158.20	PFG, (I)(A)(1)	Dr___ prescribed the disputed medication on 8-21-02 for the claimant. The requestor billed the disputed medication in accordance with PFG, reimbursement of \$286.18 is recommended.
10-2-02	Hydroco/APAP	\$36.21	\$0.00	No EOB	\$33.96		
10-17-02	Celebrex	\$94.85	\$0.00	No EOB	\$94.02		

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for prescription medication, Celebrex, Carisoprodol and Hydroco/APAP in the amount of **\$ 286.18**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$286.18** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 11th day of August 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

November 6, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-3308-01
IRO Certificate #: 5348

___ 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. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in neurosurgery. 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 47 year-old female who sustained a work related injury on ___. The patient reported that while at work she was lifting a patient when both she and the patient fell to the ground injuring the patient's back and knee. The patient has undergone X-Rays, MRI of the

lumbar spine and bilateral knees, and an EMG. The diagnoses for this patient include lumbar radiculopathy, lumbar facet syndrome, right knee pain and chronic pain syndrome. The patient has been treated with physical therapy that included cold pack, electrical stimulation and ultrasound. The patient was also treated with chiropractic management, medications and acupuncture.

Requested Services

Celebrex, Carisoprodol and Hydroco/APAP from 8/21/02 through 9/16/02.

Decision

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

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 47 year-old female who sustained a work related injury to her back and knee on ____. The ___ physician reviewer also noted that the diagnoses for this patient included lumbar radiculopathy, lumbar facet syndrome, right knee pain and chronic pain syndrome. The ___ physician reviewer further noted that the patient has been treated with physical therapy that included cold pack, electrical stimulation, ultrasound, chiropractic care, medications and acupuncture. The ___ physician reviewer explained that the documentation provided for review indicated that this patient had chronic lumbar pain prior to the injury on ____. The ___ physician reviewer also explained that the diagnostic imaging indicated the patient to have chronic degenerative processes. The ___ physician reviewer further explained that the degenerative changes noted on the diagnostic imaging would not be caused by the injury on ____. Therefore, the ___ physician consultant concluded that the Celebrex, Carisoprodol and Hydroco/APAP from 8/21/02 through 9/16/02 were not medically necessary to treat this patient's condition at this time.

Sincerely,