Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor's Name and Address:	MDR Tracking No.: M4-05-B007-01
Eun Su Richmond 788 E 1900 S Clearfield UT 84015-6262	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Rep Box #: 42	Date of Injury:
Lumbermen's Mutual Casualty Co.	Employer's Name: Johnson & Johnson
	Insurance Carrier's No.: 4210032243

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation:

1. TWCC-60
2. Attachment 1 to Form TWCC-60 (list of Doctors or other health care providers that have treated IW.)
3. Attachment 2 to Form TWCC-60 (copy of prescriptions for RX date- 8/6/04, purchased on 8/6/04 and 8/11/04)
4. Attachment 3 to Form TWCC-60 (Requestor's Rationale)
5. Attachment 4 to Form TWCC-60 (copy of certified return receipt for 1/19/05 & 3/18/05 sent to Respondent)

Position Summary: "The Treating Doctor…diagnosed…Reflex Sympathetic Dystrophy Syndrome (RSD)…CCH of 8/29/2000 …rendered…compensable injury extends…to cervical spine and to Complex Regional Pain Syndrome (CRPS)… Appeals Panel upheld the Decision in 12/2000…IME of 3/6/2002…flawed opinion…filed to MDR request in 5/2003…entitled to reimbursement…filed to MDR in 5/04…IRO Decision…7/6/04 "…The prescriptions…were found to be medically necessary…" should pay…requested reimbursement amount."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documentation received on 12/9/05 by telephone request from MDR on 12/9/05.

Principle Documentation:

1. TWCC
2. Response to MDR from Broadspire dated 5/7/04, indicating IME response.
3. Copy of Dr. Erwin's IME report dated 3/26/02.

Position Summary: "Per IME from Dr. Erwin, treatment no longer reasonable or necessary. Claimant does not have a work related RSD…Attached IME for your review."

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
8/6/04	Out-of-Pocket -Prescription Medications, Amitriptyline HCL & Neurontin	1	$364.45
Total Due			$364/45

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Section 413.011 (a-d) titled (Guidelines and Medical Policies), and Commission Rule 134.201 titled (Medical Fee Guideline For Medical Treatments and Services Provided Under the Texas Worker's Compensation Act) effective April 1, 1996, set out reimbursement guidelines.

This dispute is related to treatment//prescription medications (Amitriptyline HCL and Neurontin) prescribed on 8/6/04. The Requestor, the injured worker, paid out-of-pocket for the prescriptions as the Respondent denied the pharmacy reimbursement due to "treatment no longer reasonable or necessary."

1. Documentation submitted by the requestor indicates our-of-pocket expenses for prescribed medications were not denied appropriately according to 133.307.

Therefore it is the conclusion of the Medical Review Division that reimbursement in the amount of $364.45 is due the Requestor.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec.§ 413.011(a-d)
28 Texas Administrative Code Sec. §134.1
28 Texas Administrative Code Sec. §133.307 (a-l)

PART VII: DIVISION DECISION AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor **is** entitled to additional reimbursement **in the amount of $364.45.**

Ordered by:

		12 / 21 / 05
Authorized Signature	Typed Name	Date of Order

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.