

MEDICAL CONTESTED CASE HEARING NO 12074  
M6-12-36584-01

**DECISION AND ORDER**

This case is decided pursuant to Chapter 410 of the Texas Workers' Compensation Act and Rules of the Division of Workers' Compensation adopted thereunder.

**ISSUES**

A contested case hearing was held on February 7, 2012, to decide the following disputed issue:

1. Is the preponderance of the evidence contrary to the decision of the Independent Review Organization (IRO) that Claimant is entitled to reimbursement for medication from February 6, 2011, through May 11, 2011, for the compensable injury of (Date of Injury)?

Upon agreement of the parties, Issue Number 1 above was revised as follows:

1. Is the preponderance of the evidence contrary to the decision of the Independent Review Organization (IRO) that Claimant is entitled to reimbursement for the medication Lyrica oral capsules 75 mg, Soma 350 mg, Oxycontin ER 20 mg, Xanax 0.5 mg, Fletchor patch extended release, and Hydrocodone APAP 10/500 prescribed by Dr. C, D.O., from February 6, 2011, through May 11, 2011, for the compensable injury of (Date of Injury)?

**PARTIES PRESENT**

Petitioner/Carrier appeared and was represented by RG, attorney. Respondent/Claimant appeared and was assisted by VR, ombudsman.

**AGREEMENT**

The parties reached an agreement. The agreement resolves only those issues to be decided at this hearing. The agreement does not resolve all issues with regard to this claim and is not a settlement.

In this decision, this Agreement section includes findings of fact and the Decision section constitutes the conclusions of law.

The parties agreed as follows:

1. Venue is proper in the (City) Field Office of the Texas Department of Insurance, Division of Workers' Compensation.
2. On (Date of Injury), Claimant was the employee of (Self-Insured), Employer.
3. On (Date of Injury), Employer had workers' compensation insurance as a Self-Insurer.
4. Claimant sustained a compensable lumbar sprain/strain, recurrent or residual L5-S1 5mm disc bulge/protrusion, L5-S1 mechanical and vertebral collapse of L5-S1 motion segment, L5-S1 spondylosis, L5-S1 retrolisthesis, and lumbar radiculopathy injury on (Date of Injury).
5. Carrier delivered to Claimant a single document stating the true corporate name of Carrier, and the name and street address of Carrier's registered agent, which document was admitted into evidence as Hearing Officer's Exhibit Number 2.
6. The Independent Review Organization (IRO) determined that Claimant is entitled to reimbursement for the medication Lyrica oral capsules 75 mg, Soma 350 mg, Oxycontin ER 20 mg, Xanax 0.5 mg, Fletchor patch extended release, and Hydrocodone APAP 10/500 prescribed by Dr. C, D.O., from February 6, 2011, through May 11, 2011, for the compensable injury of (Date of Injury).
7. The preponderance of the evidence is not contrary to the decision of the Independent Review Organization (IRO) that Claimant is entitled to reimbursement for the medication Hydrocodone APAP 10/500 prescribed by Dr. C, D.O., from February 6, 2011, through May 11, 2011, for the compensable injury of (Date of Injury).
8. The preponderance of the evidence is contrary to the decision of the Independent Review Organization (IRO) that Claimant is entitled to reimbursement for the medication Lyrica oral capsules 75 mg, Soma 350 mg, Oxycontin ER 20 mg, Xanax 0.5 mg, Fletchor patch extended release, and Hydrocodone APAP 10/500 prescribed by Dr. C, D.O., from February 6, 2011, through May 11, 2011, for the compensable injury of (Date of Injury).
9. Claimant is entitled to reimbursement in the amount of \$103.92 for the medication Hydrocodone APAP 10/500 prescribed by Dr. C, D.O., from February 6, 2011, through May 11, 2011, for the compensable injury of (Date of Injury).
10. Claimant is not entitled to reimbursement for the medication Lyrica oral capsules 75 mg, Soma 350 mg, Oxycontin ER 20 mg, Xanax 0.5 mg, and Fletchor patch extended

release prescribed by Dr. C, D.O., from February 6, 2011, through May 11, 2011, for the compensable injury of (Date of Injury).

**DECISION**

Claimant is entitled to reimbursement in the amount of \$103.92 for the medication Hydrocodone APAP 10/500 prescribed by Dr. C, D.O., from February 6, 2011, through May 11, 2011, for the compensable injury of (Date of Injury). Claimant is not entitled to reimbursement for the medication Lyrica oral capsules 75 mg, Soma 350 mg, Oxycontin ER 20 mg, Xanax 0.5 mg, and Fletchor patch extended release prescribed by Dr. C, D.O., from February 6, 2011, through May 11, 2011, for the compensable injury of (Date of Injury).

**ORDER**

Carrier is liable for the benefits at issue in this hearing. Claimant remains entitled to medical benefits for the compensable injury of (Date of Injury), in accordance with Texas Labor Code Ann. §408.021.

The true corporate name of the insurance carrier is **SELF-INSURED**, and the name and address of its registered agent for service of process is

**(SELF-INSURED)**  
**(STREET ADDRESS)**  
**(CITY), TEXAS (ZIP CODE)**

Signed this 13th day of February, 2012.

Wes Peyton  
Hearing Officer