

MDR Tracking Number: M5-02-2159-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the prescription medications (Hydrocodone/ASA, Soma, Morphine and Neurontin) rendered were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the prescription medication fees were the only fees involved in the medical dispute to be resolved. As the treatment, prescription medications were not found to be medically necessary, reimbursement for dates of service from 6/22/01 through 9/21/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of October 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

October 1, 2002

Re: Medical Dispute Resolution
MDR #: M5.02.2159.01
IRO Certificate No.: IRO 5055

Dear

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. A physician who is a doctor of Osteopathy in Anesthesiology and Pain Management.

The physician reviewer AGREES with the determination of the insurance carrier in this case. The reviewer is of the opinion that the prescription of medications Hydrocodone/ASA, Soma, Morphine and Neurontin **was not medically necessary**.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,

MEDICAL CASE REVIEW

This is for ____. I have reviewed the medical information forwarded to me concerning MDR #M5-02-2159-01, in the area of Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Procedure report, ____, 7/16/01.
2. Progress notes of ____ and ____, 6/14/01 - 01/23/02.
3. Pharmacy records, 7/07/01 - 8/03/01.

B. BRIEF CLINICAL HISTORY:

The claimant was allegedly injured on ____ by an undocumented injury mechanism. Apparently, the claimant injured his thoracic spine. The claimant was initially seen by ____ on 4/17/00 complaining of lumbar and thoracic pain radiating to the right side. He was started on Lortab. One month later, the patient continued to have thoracic and lumbar spasms, for which Soma was added for muscle spasm.

On 8/23/00, approximately three months later, the claimant now began to complain of cervical pain. ____ alleged that cervical pain was the result of the claimant avoiding use of muscles and posturing to avoid thoracic and lumbar pain.

The claimant was then evaluated by ____ on 10/26/00 and diagnosed with thoracic radiculitis. Epidural steroid injection and Botox were recommended.

When Lortab ceased to work, the claimant was changed to Norco on 1/16/01. Myelo/CT was recommended but denied. Pain continued to increase, so the patient was switched from Norco to MS Contin. MS Contin had to be stopped on 2/06/01 due to constipation, resuming the use of Lortab and Soma.

The patient was then seen by ___ and ___, neurosurgeons. ___ started the claimant on Neurontin and recommended EMG as well as CT scans of the chest, abdomen and pelvis. He noted the claimant had a 45-pound weight loss. Prozac was started on 9/18/01.

On 6/14/01, the claimant was seen by ___ complaining of thoracic pain. Physical examination was superficial and cursory, revealing "tenderness to palpation." No area of exam was listed. On 6/21/01, one week later, the claimant was seen by ___ who increased his Neurontin. Follow-ups continued with ___, whose exam remained cursory and superficial, revealing nothing more than tenderness to palpation. Occasionally, he noted spasms.

On 7/16/01, ___ performed T-10, T-11, and T-12 paravertebral nerve blocks, which appeared to be facet injections at those levels. These were performed on the left side. Three days later, the claimant followed up with ___, who documented no significant benefit and no change in physical exam. The claimant was now started on MS Contin. He then returned to ___ on 7/27/01, stating he had 40% improvement of pain with a 50% reduction in "pain medications" (unspecified).

Follow-ups continued with ___, who continued to prescribe morphine and Lortab, as well as Soma. There was no change in physical exam or pain complaints, or lack of evidence of significant pathology on superficial exam by ___. ___ merely continued to recommend continuation of medication through 01/23/02 when he wrote a letter of medical necessity for those medications.

Apparently, sometime in June 2001, ___ performed an RME on the claimant, determining that no further treatment was reasonable, necessary, or related to the work-related injury.

C. DISPUTED SERVICES:

Medications from 6/22/01 through 9/21/01.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

There does not appear to be any objective evidence of any significant pathology or any work-related damage to this claimant's body in any of the documentation that I have reviewed. It is neither medically reasonable nor necessary to continue prescribing

narcotics, much less two different narcotics (morphine and Lortab) in the absence of any definable pathology to treat. It is also medically unreasonable and unnecessary to continue the use of a medication such as Soma, which is indicated for short-term relief of muscle spasms. Soma is, itself, potentially addictive, as its metabolite, meprobamate, is well documented as being an addictive substance. Therefore, the prolonged use of Soma is neither medically reasonable, necessary or recommended by the medical literature or the *PDR*.

The mere complaints of pain and the mere evidence of “tenderness to palpation” are not medical indications for continued treatment of this claimant. It is, therefore, not medically reasonable, necessary, or related to the alleged work-related injury to continue these medications for the time period in question or, for that matter, for any time period thereafter.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

I certify that I have no past or present relationship with the patient and no significant past or present relationship with the attending physician. I further certify that there is no professional, familial, financial, or other affiliation, relationship, or interest with the developer or manufacturer of the principal drug, device, procedure, or other treatment being recommended for the patient whose treatment is the subject of this review. Any affiliation that I may have with this insurance carrier, or as a participating provider in this insurance carrier’s network, at no time constitutes more than 10% of my gross annual income.

Date: 24 September 2002