

MDR Tracking Number: M5-02-2331-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity.

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 the only issue** to be resolved. The medications on date of service 2/22/02 and 3/14/02 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the medication charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 Order is applicable to dates of service 2/22/02 through 3/14/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 23rd day of July 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and subsequently re-delegated by Virginia May, Deputy Executive Director.

NOTICE OF INDEPENDENT REVIEW DECISION

July 16, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2331-01
IRO Certificate #: 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 physical medicine and rehabilitation 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 41-year-old male sustained an on-the-job injury on ___ when a keyboard fell and struck his right wrist. The treatment plan included conservative measures as well as surgical intervention. The patient has continued to complain of pain in the right upper extremity. He is under the care of a physical medicine and rehabilitation physician who prescribed Elavil, Vicodin and Xanax.

Requested Service(s)

Prescriptions for Elavil, Vicodin and Xanax, dispensed on 02/22/02 and 03/14/02.

Decision

It had been determined that the prescriptions for Elavil, Vicodin and Xanax, dispensed on 02/22/02 and 03/14/02 were medically necessary.

Rationale/Basis for Decision

The patient was injured in ___ and has a chronic pain condition with Chronic Reflex Dystrophy Syndrome (CRDS). He has evidence of chronic pain and sleep disturbance with improvement of his symptoms with the combined use of these three medications. This is clearly within the TWCC treatment guidelines for chronic pain. Therefore, the Elavil, Vicodin and Xanax prescriptions dispensed on 02/22/02 and 03/14/02 were medically necessary to treat this patient's condition.

Sincerely,