

MDR Tracking Number: M5-02-2409-01

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. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

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. There were two of ten medications found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the medications.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4/6/01 12/21/01	Kadian	\$135.26 \$176.48	0.00	U	\$135.26 \$176.48	IRO decision	The IRO determined these prescription medication was not medically necessary and therefore not reimbursable. \$0.00
5/8/01 6/14/01 10/25/01 12/5/01	Ambien	\$80.94 \$80.94 \$80.94 \$80.94			\$80.94 \$80.94 \$80.94 \$80.94		
5/8/01 6/10/01	Celexa	\$74.65 \$145.30			\$74.65 \$145.30		
5/8/01 6/14/01 10/18/01 12/6/01	Arthrotec	\$156.05 \$156.05 \$164.41 \$164.41			\$156.05 \$156.05 \$164.41 \$164.41		
5/8/01 6/14/01 10/25/01 12/5/01	Sonata	\$77.04 \$77.04 \$77.04 \$80.99			\$77.04 \$77.04 \$77.04 \$80.99		
5/8/01 6/14/01 10/25/01	Serzone	\$135.40 \$135.40 \$142.31			\$135.40 \$135.40 \$142.31		

12/6/01		\$142.31			\$142.31		
5/8/01	Axid	\$148.19			\$148.19		
10/25/01		\$148.19			\$148.19		
5/8/01	Buspar	\$298.84			\$298.84		
10/25/01		\$314.35			\$314.35		Continued from previous page.
5/8/01	Ultram	\$110.30	0.00	U	\$110.30	§133.1(a)(8)	The IRO determined these prescription medications were medically necessary. Therefore, reimbursement is recommended, \$1,472.15.
6/14/01		\$110.30			\$110.30		
10/25/01		\$115.51			\$115.51		
5/8/01	Neurontin	\$568.02			\$568.02		Therefore, reimbursement is recommended, \$1,472.15.
6/14/01		\$568.02			\$568.02		
TOTAL		\$4,719.25					The requestor is entitled to reimbursement of \$1,472.15.

On this basis, the total amount recommended for reimbursement (\$1,472.15) does not represent a majority of the medical fees of the disputed healthcare and therefore, the requestor did not prevail in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

This Finding and Decision is hereby issued this 10th day of September 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$1,472.15 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 2/21/01 through 12/6/01 in this dispute.

This Order is hereby issued this 10th day of September 2002.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

August 21, 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 #: M5-02-2409-01
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 patient sustained a work-related injury on ___ when she injured both hands resulting in bilateral hand pain extending into both upper extremities. The patient complains of chronic pain extending into both upper extremities. She is receiving treatment in the form of medications, an intensive outpatient pain program, stimulator devices and office visits. As part of the patient's treatment, the physician has prescribed Kadian, Ambien, Celexa, Arthrotec, Sonata, Ultram, Neurotin, Serzone, Axid, and Buspar.

Requested Service(s)

Prescriptions for Kadian, Ambien, Celexa, Arthrotec, Sonata, Ultram, Neurotin, Serzone, Axid, and Buspar.

Decision

It is determined that Ultram and Neurotin are medically necessary to treat this patient's condition.

It is determined that the Kadian, Ambien, Celexa, Arthrotec, Sonata, Serzone, Axid, and Buspar are not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation fails to substantiate the medical necessity for continued use of narcotics, antidepressants, anti-inflammatory medications, and several other medications with various on/off label uses. The medical record documentation indicates polypharmacy and does not substantiate that this patient still has active inflammatory disease 9 years post injury. Therefore, there would be no clear need for Arthrotec and without Arthrotec, there would be no need for Axid. The medical record documentation fails to substantiate that the patient is experiencing insomnia and depression in relation to the injury of 9 years ago and hence fails to substantiate the necessity for Sonata, Ambien, Celexa, Serzone, and Buspar. Long-term use of narcotics such as Kadian would be contraindicated for what is indicated as a relatively minor injury and there is no documentation to indicate otherwise. Therefore, of the medications prescribed for this patient, only the Ultram and Neurotin would be indicated for treatment and the remainder of the medications including: Kadian, Ambien, Celexa, Arthrotec, Sonata, Serzone, Axid, and Buspar would not be indicated.

Sincerely,