

MDR Tracking Number: M5-02-2418-01

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 did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor for the paid IRO fee.

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 disputed prescription medications were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 12th day of February 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

August 23, 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 #: M5-02-2418-01
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 44 year old female sustained a work-related back injury on ___ while unloading a box truck. The patient has been seen by multiple providers and has been treated, conservatively and surgically, for multiple problems. She is diagnosed with chronic low back pain, failed back syndrome, bowel and bladder incontinence, esophagitis and gastritis. The treating physical medical and rehabilitation physician prescribed OxyContin CR, Zanaflex, OxyIR, Pepcid and Metoclopramide.

Requested Service(s)

Prescriptions for OxyContin CR on 05/07/01, Zanaflex on 05/07/01 and 06/06/01, OxyIR on 05/09/01, Pepcid on 05/09/01, and Metoclopramide on 05/09/01.

Decision

It has been determined that the prescriptions for OxyContin CR on 05/07/01, Zanaflex on 05/07/01 and 06/06/01, OxyIR on 05/09/01, Pepcid on 05/09/01, and Metoclopramide on 05/09/01 were not medically necessary.

Rationale/Basis for Decision

Objective measurable treatment parameters utilized in assessing the level of a patient's response to pain control, as well as indications that the medications were efficacious in improving the patient's function, are major factors in determining the medical necessity for continuation of medications, especially for a chronic pain patient. In this case these factors were not identified. While there is excellent evaluation and examination information within the medical records, there are no measurable ongoing objective data to support that the medications were providing significant impact on the patient's pain problem. Therefore, the prescriptions for OxyContin on 05/07/01, Zanaflex on 05/07/01 and 06/06/01, OxyIR on 05/09/01, Pepcid on 05/09/01, and Metoclopramide on 05/09/01 were not medically necessary.

Sincerely,