

MDR Tracking Number: M5-02-2463-01

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 medications rendered were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the medications rendered were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 10/23/0 to 11/27/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 11 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, 7/11/02.

July 10, 2002

REVISED CORRESPONDENCE

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Attention: Rosalinda Lopez

Re: Medical Dispute Resolution
MDR #: M5-02-2463-01
TWCC File
Injured Employee:
DOI: SS#:
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

THIS LETTER IS TO REPLACE THE LETTER OF 07/03/02 which contained an incorrect MDR#. Also, parties that should not have been were informed of the reviewer's decision. I am forwarding the follow up letter sent to those parties.

The independent review, forwarded to you on 07/03/02, was performed by a matched peer with the treating health care provider. This case was reviewed by a physician Board Certified in Physical Medicine and Rehabilitation and Electrodiagnostic Medicine.

THE REVIEWER OF THIS CASE AGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER. The reviewer found no rationale for the use of the medications in question as prescribed.

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.

Sincerely,

MEDICAL CASE REVIEW

This is for ____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-2463-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. TWCC-60, indicating that the disputed medications occurred between 10/23/01 and 11/27/01, namely Celebrex, hydrocodrone, and ibuprofen.
2. Letters of necessity by ____, the treating physician.
3. Review conducted by ____.
4. Numerous IME's, including an impairment rating which was done and reviewed on January 14, 1999, with a 4% impairment; medical review by ____ from the ____.
5. Pain management reviews.
6. Reports of epidural steroid injections, at least three, by ____.
7. Office notes from the ____, going back to 1998.
8. An MRI of the cervical spine which was done on October 2, 1998.
9. A decision in reference to the medications; this is a review by ____.
10. Additional notes by ____.

B. BRIEF CLINICAL HISTORY:

There are two separate histories with the notes. Most of the historical documents, including ____ history dated July 5, 1999, indicate this lady was standing on a ladder, lifting Christmas decorations, looking up in an

awkward position, when she experienced the acute onset of neck pain. The date of injury is _____. However, in the February 16, 1999, _____ report, it states the patient was initially injured in _____ when she actually fell off a ladder and landed on her neck and shoulders and cervical and thoracic spine.

I am not sure which is the correct interpretation of her injury. Probably, the cervical spine injury without an actual fall, since in reviewing _____ notes and those of other examiners, the chief complaints throughout the 4½ years of care have been severe stiffness of the neck and severe stiffness of the shoulders. There are no studies of the back, thorax, or skull which might have been done had she actually fallen off the ladder.

I should note at this point the findings on the MRI of the cervical spine, reported by _____: The exam is completely normal without any degenerative changes whatsoever, except that at C3-4 and C4-5, 2.0 mm left and central annular disk bulges are reported. I should comment that this is a little unusual for a 22-year-old. Apparently, the patient was either 21 or 22 years of age on the date of injury, _____.

The epidural steroid injector, _____, does not actually give the exact location where his three epidural steroid injections were other than they were at C-6 and C-7. Presumably, these had reached a pathology at C3-4 and C4-5. At any rate, his notes indicate that she became 50-60% better after the second epidural steroid injection. These were done back in the May 1999 timeframe.

C. DISPUTED SERVICES:

There has already been a decision about the disputed services in the chart as I stated, but apparently the dispute this time is in reference to the 2001 medications. Namely, on 10/23/01, the patient was prescribed 200 mg of Celebrex, #60; and on 10/23/01, also hydrocodone APAP--presumably this was Lortab 7.5/500, #60; on 11/02/01, ibuprofen 800 mg, #100; on 11/27/01, Celebrex 200 mg, #60.

D. DECISION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

In reviewing the chart, it appears that the entire rationale for this long term of treatment is stiffness in the neck. It also seems that this patient

progressively became worse during her treatment. Initially, she was being treated with Naprosyn and Celebrex.

It should be noted, however, that the patient became pregnant a few weeks after her injury, i.e., she was given a due date of some nine months plus a few weeks after the date of injury, scheduled to deliver sometime near the end of August. Presumably, she was not pregnant at the time of injury. Thus, it may be misleading that she got worse, but at any rate, I am certain that she did not have an over-abundance of medication while she was pregnant. She was treated, for example, on January 13, 1998, at which time she would have been pregnant, with physical therapy and no medications were given. When she was seen on February 26, 1998, she was noted by ___ to be three months' pregnant, complaining of neck pain and stiffness, and headaches worse than previously. At this time, she was on Celebrex 200 mg, #60, Naprosyn 500 mg, #60, Lortab 7.5, in this first trimester of her pregnancy. Apparently, she was pregnant at least twice during her treatment course.

By March 13, 1998, more drugs had been added. She was on Soma in addition to the medications previously noted, plus Valium was added. Presumably, she was still pregnant at this time. Her headaches were getting worse.

The long and short of it is that during this 4½ years of treatment, she progressively got worse, requiring more medication including the addition of two and perhaps three narcotics--Valium, Soma, and Lortab. She went the first year without any medications but was being treated with a TENS unit and manipulation.

She also had three epidural steroid injections. After the second, the treater states she had about 50-60% improvement. He proceeded with a third one.

I mention all of this only for completeness in the sense that this lady started out with virtually no medications, went to multiple narcotics, and then at the time of dispute she is again on multiple anti-inflammatory drugs, namely Celebrex and ibuprofen at the same time.

The primary reason for my disagreeing with the treatment is that there simply is not rationale for the twice-per-day Celebrex. This is generally considered an arthritic dose, and this lady does not have an arthritic condition per se requiring pain medication, especially back in October of 2001. Since that time, it has gotten somewhat of a pain indication but back in October 2001, it did not have a chronic pain indication. This dose is an arthritic dose which this lady does not have, or at least if she has one

at age 23 or 24, it is not related to her injury sustained while hanging Christmas tree ornaments.

The additional problem, of course, is taking ibuprofen with Celebrex. Although both of these medications are considered safe for bleeding, combining anti-inflammatory medications increases the risk for G.I. bleeding, and they are simply not indicated together because of that. Because they are pharmaceutically different, one could make a case for perhaps using Celebrex and Motrin together, but the case has not been made in ___ notes.

Thus, back in October and November of 2001, there was no rationale for using Celebrex twice daily and there was certainly no indication for using Celebrex and ibuprofen together.

As for the Lortab or the hydrocodone APAP, again I am not certain what is being treated with this. It is not a primary headache medication, and with the minimal findings on the MRI, again I am not certain what condition is being treated with narcotics 4½ years after a cervical strain.

Of the four prescriptions in question, this might be useful, but it has to be documented as to the necessity for treatment with hydrocodone 4½ years after the injury, after one year without any medication, and with her pregnancy where it was found necessary to give this even during the pregnancy.

The last reason for my disagreement with the treatment is that an injury resulting in merely extension of the cervical spine while hanging decorations is probably being overtreated after 4½ years. All the physical examinations merely indicate stiffness; there were no objective findings in this lady whatsoever. Without objective findings, it is hard to justify 4½ years of dual use of anti-inflammatory medications and triple use of narcotics at the same time, even to the extent that they are given to a pregnant individual.

Thus, for all these reasons, I believe that the care rendered is not medically necessary and certainly was not indicated back in October 2001 and November 2001 when the disputed medications were prescribed.

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.

Date: 1 July 2002