

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-1056.M5

MDR Tracking Number: M5-02-2524-01

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 (Vanadom and Hydrocodone) 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, Vanadom and Hydrocodone)) was not found to be medically necessary, reimbursement for dates of service from 10/31/01 through 1/7/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 4th day of October 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 24, 2002

Re: IRO Case # M5-02-2524

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a

claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Anesthesiology and Pain Management. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment was not medically necessary. Therefore, ___ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

This case involves a 30-year-old male who fell at work on ___ and has persistent back pain unresponsive to epidural steroid injections and physical therapy. Hydrocodone and Soma (Vanadom) have been prescribed.

Requested Service(s)

Pain Medications Hydrocodone and Soma (Vanadom)

Decision

I agree with the carrier's decision to deny the requested medications.

Rationale

The medical records provided did not adequately document the efficacy of the medications. A note of 3/9/00 indicates that the patient had increased pain after running out of medication. There is no mention on subsequent visits that the regimen is providing pain relief. A note of 9/18/01 indicates "intolerable and intractable" pain and that the medications are allowing him "to function and cope." The standard of care is that at each office visit the efficacy of medications should be demonstrated in order for the continuance to be reasonable and necessary.

This medical necessity decision by an Independent Review Organization is deemed to be a

Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing. A request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3). This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

Sincerely,