

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

**SOAH DOCKET NO. 453-03-1323.M5**

MDR Tracking Number: M5-02-2533-01

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 respondent prevailed** on the issues of medical necessity. Therefore in accordance with §133.308(q)(9), the Commission hereby **Declines to Order** the respondent to reimburse the **requestor** for the disputed prescription medications.

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

This Decision is applicable to dates of service 6/6/01 through 2/5/02 in this dispute.

This Decision is hereby issued this 12<sup>th</sup> day of November 2002.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

November 4, 2002

Re: Medical Dispute Resolution  
MDR #: M5.02.2533.01  
IRO Certificate No.: IRO 5055

Dear:

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation.

Clinical History:

This 52-year-old female suffered an on-the-job injury in \_\_\_ which she was kicked in the thigh or pushed in the thigh, resulting in a fall backwards. Her biggest rating is psychological, as she had been diagnosed with post-traumatic stress disorder. She is under the care of a psychiatrist for the psychiatric medications. She is maintained on a reasonably low amount of medications, i.e., Norco and antihypertensives. She has been responding to this method of treatment.

Disputed Services:

Medication prescription for triamterene-hydrochlorothiazide of 06/06/01.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the medications in question are not medically necessary.

Rationale for Decision:

The records state that the patient had hypertension at the time of her accident nine years ago. One would expect perhaps mild hypertension. The patient is being treated with a minimal amount of medications. Some of these medications may be increasing her blood pressure and some lowering it. Based on only the two notes

provided as medical records, the conclusion is made that the use of an antihypertensive is not indicated.

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,