

MDR Tracking Number: M5-02-2588-01

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 (IRO), the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The request for the IRO was inadvertently requested for two dates of service due to the EOB's in the file. Communication with the requestor verified, the only date of service in dispute is 1/24/01, therefore, 1/24/01 is the only date that will be addressed. Within this date of service, the prescription medication, Acetaminophen/Codeine was paid according to the EOB dated 7/30/01 and the table of dispute indicates only one medication, Clonazepam.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee.

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 prescription medication, Clonazepam, was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for charges of the prescription medication, Clonazepam.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) 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 date of service 1/24/01 in this dispute and IRO fee.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 2nd day of October 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

September 20, 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 #: M5-02-2588-01
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 anesthesiology and pain management 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 39 year old male sustained a work-related injury on ___. The origin and nature of the injury was not identified in the information submitted for review. The diagnoses are chronic intractable pain secondary to lumbar radicular syndrome with bilateral sciatica, bilateral cervical radicular syndrome, status post fusion at C5-6 and C6-7 in November 1996, depression and bilateral carpal tunnel syndrome. The treating physician's plan of care included prescriptions for Neurotin, Clonazepam, Baclofen and Acetaminophen with Codeine.

Requested Service(s)

Prescriptions for Neurotin and Baclofen on 01/23/01 and Clonazepam and Acetaminophen with Codeine, on 01/24/01.

Decision

It has been determined that the prescriptions for Neurotin and Baclofen on 01/23/01 and Clonazepam and Acetaminophen with Codeine, on 01/24/01 were medically necessary.

Rationale/Basis for Decision

The medications, Neurotin, Baclofen, and Clonazepam are coalgesics utilized to treat patients with chronic intractable pain. Each medication works by a different mechanism. Neurotin suppresses nerve activity, Baclofen is a muscle relaxant, and Clonazepam is an anxiolytic. Acetaminophen with codeine is an analgesic. The standard of care dictates that chronic pain should be treated with analgesics to enhance the patient's comfort and functional status. In addition it is reasonable and necessary to treat patients with chronic intractable pain with coalgesics to augment the effect of analgesic medication. The Intractable Pain Act in Texas reinforces that standard of care. Therefore, the prescriptions for Neurotin and Baclofen on 01/23/01 and Clonazepam and Acetaminophen with Codeine, on 01/24/01 were medically necessary.

Sincerely,