

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

SOAH DOCKET NO. 453-03-2098.M5

MDR Tracking Number: M5-02-2599-01

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. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

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, Trazadone, was found to be medically necessary. The other prescription medications were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the prescription medications charges.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
8/6/01 8/31/01	Trazadone	\$69.20 x 2	0.00	U	\$69.20 x 2	IRO decision	The IRO determined this prescription medication was medically necessary and therefore reimbursement is recommended. Amount due: \$69.20 + \$69.20= \$138.40.
8/6/01 8/31/01 9/28/01	Celebrex	\$87.06 x 3	0.00	U	\$86.40 x 3	IRO decision	The IRO determined these prescription medications were not medically necessary, therefore reimbursement not recommended. (-\$602.86)
8/6/01 8/10/01 8/16/01 8/22/01	Skelaxin	\$39.06 x 4			\$39.06 x 4		
8/6/01 8/10/01	Ultram	\$46.36			\$45.36 x 4		

8/16/01							
8/22/01							
TOTAL		\$741.26					The requestor is entitled to reimbursement of \$138.40.

On this basis, the total amount recommended for reimbursement (\$138.40) does not represent a majority of the medical fees of the disputed healthcare and therefore, the requestor did not prevail in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$138.40 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 dates of service 8/6/01 through 8/31/01 in this dispute.

This Order is hereby issued this 17th day of September 2002.

Carol R. Lawrence
 Medical Dispute Resolution Officer
 Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

July 18, 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 #: M5-02-2599-01
 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 neurosurgery 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 38 year old female sustained a work related injury on ___ when she picked up a roll of tie material. She twisted her back and subsequently experienced low back pain. The patient underwent an MRI on 11/10/00 that revealed some degenerative changes at L1-2, L3-4, L4-5, and L5-S1. The patient has been under the care of a chiropractor as well as ___ who has prescribed her medications.

Requested Service(s)

Prescriptions for Celebrex, Skelaxin, Trazodone, and Ultram billed between 08/06/01 and 09/28/01.

Decision

It is determined that the prescriptions for Celebrex, Skelaxin, and Ultram were not medically necessary to treat this patient's condition.

It is determined that the prescription for Trazodone is medically necessary for treatment to treat this patient's condition.

Rationale/Basis for Decision

The condition resulting from this incident, regardless of clinical nomenclature was acute in nature and did not manifest acute structural or objective abnormality of the spine or its neurologic or supporting structure. During the period of 08/06/01 through 09/28/01, the patient manifested behavior patterns indicative of a chronic pain syndrome. The class of medications known as non-steroidal anti-inflammatory drugs (NSAID) are effective in management of acute pain and inflammation associated with injury. This is true of the Cox-II selective agents such as Celebrex. These drugs are not indicated for the treatment of chronic pain because of the potential for serious side effects such as gastrointestinal complications (specifically with Celebrex), and liver dysfunction. Skelaxin and other muscle relaxing medications are effective adjunctive therapy in the management of acute muscular injury, manifested by muscular spasms. These drugs are not recommended for long-term use. Ultram is an atypical opioid of weak to moderate effectiveness in the acute management of pain with weak norepineprine and serotonin uptake inhibition in the case of depression. This medication is indicated only in the short-term management of acute pain due to the potential for opioid abuse and the multiple dosing requirements throughout the day. The patient had a chronic pain syndrome associated with depression. The use of antidepressants are indicated in cases where the depression results in vegetative or biological symptoms, including sleep disturbances, anorexia, reduced energy level, anhedonia and diminished libido. Trazodone is an

effective long-term treatment for sleep disturbances associated with depression and therefore, would be indicated in this case.

Sincerely