MDR Tracking Number: M5-02-2728-01

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 (Celebrex, Hydrocodone, Trazodone, Ambien) rendered were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that prescription medications fees were the only fees involved in the medical dispute to be resolved. As the treatment, (prescription medications, Celebrex, Hydrocodone, Trazodone, Ambien) was not found to be medically necessary, reimbursement for dates of service from 5/3/01 through 12/1/01 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 22, 2002

Re: IRO Case # M5-02-2728-01

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 Neurological Surgery. 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 medically necessary. Therefore, ___ disagrees 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 now 41-year-old male who was injured ___ when he fell about six feet from a ladder, landing on his back, and developing low back and bilateral lower extremity pain. The pain persisted. MRI scanning, CT myelographic evaluation and discographic evaluation suggested significant disease at L4-5 and L5-S1. This led to an anterior lumbar interbody fusion at L4-5 and L5-S1 on 11/17/95. There was no significant improvement after the surgery. Because of difficulties with fixation devices, an operation was performed 4/16/97 consisting of removal of fixation devices, decompression laminectomy and exploration of the fusion.

Requested Service(s)

Celebrex, Hydrocodone, Trazodone, Ambien 5/30/01 – 12/01/01

Decision

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

Rationale

The prescribed medications should alleviate the patient's discomfort. The patient has had major lumbar spine pathology documented by a variety of tests, and has had two extensive surgical procedures which are frequently associated with chronic pain which can only be relieved by medication. It is unlikely that this patient would be a candidate for spinal cord stimulation to relieve discomfort. Continued medication for pain and to combat the inflammatory process associated with his disease is indicated. Other medications, including anti-depressants and medication for sleep are frequently seen as necessary in a patient who has sustained pathology secondary to a injury such as the ___ fall from the ladder.

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,