

MDR Tracking Number: M5-02-2783-01

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 (Hydrocodone, Vanadom, Celebrex, Etodolac and Hydroc Apap) rendered were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that prescription medication fees were the only fees involved in the medical dispute to be resolved. As the treatment, prescription medication was not found to be medically necessary, reimbursement for dates of service from 6/21/01 through 9/26/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 14th day of October 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

October 2, 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 #: M5-02-2783-01
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 family practice 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 45 year old male sustained a work-related injury to his neck, back, shoulders, and wrist on ____. He was lifting a heavy bundle when he fell off of a two-foot cart and the bundle landed on top of him. His back hit the cart and warehouse floor. He has been treated conservatively with physical therapy and medications that include Hydrocodone, Vanadom, Celebrex, Etodolac, and Hydroc Apap for dates of service from 06/21/01 – 09/26/01.

Requested Service(s)

Hydrocodone, Vanadom, Celebrex, Etodolac, and Hydroc Apap for dates of service from 06/21/01 – 09/26/01.

Decision

It has been determined that the Hydrocodone, Vanadom, Celebrex, Etodolac, and Hydroc Apap for dates of service from 06/21/01 – 09/26/01 were not medically necessary.

Rationale/Basis for Decision

Based on the information submitted for review, the Hydrocodone, Vanadom, Celebrex, Etodolac, and Hydroc Apap for dates of service from 06/21/01 – 09/26/01 are not medically necessary. The patient was injured in ____. Extensive evaluations revealed no physical findings to substantiate the subjective reports of pain and other symptoms severe enough to warrant the continued use of the above noted medications. His symptoms may be perpetuated by the continued use of these medications. Therefore, the Hydrocodone, Vanadom, Celebrex, Etodolac, and Hydroc Apap for dates of service from 06/21/01 – 09/26/01 were not medically necessary.

Sincerely,