THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER: SOAH DOCKET NO. 453-03-2386.M5

MDR Tracking Number: M5-02-2815-01

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 requestor submitted a medical dispute resolution request on 6/26/02 and was received in the Medical Dispute Resolution on 7/1/02. The disputed dates of service 5/15/01 and 5/26/01 are not within the one year jurisdiction in accordance with Rule 133.308(e)(1) and will be excluded from this Finding and Decision.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity.

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 medications, hydrocodone and Duragesic, were found to be medically necessary. The prescription medications, methocarbamol and Ambien were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these prescription medications (hydrocodone and Duragesic) charges.

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 dates of service 8/11/01 through 11/13/01 in this dispute.

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 31st day of December 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

December 12, 2002

Revised

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Re: Medical Dispute Resolution
MDR#: M5-02-2815-01
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 Pain Management and Anesthesiology.

Clinical History:
This male claimant was injured on ___. Diagnostic studies showed no significant anatomical abnormalities. His cervical and lumbar pain was eventually treated beginning on 02/01/94. Over the intervening years various treatment modalities and medications were tried, with increasing amounts of narcotics. The claimant has been able to continue working in a self-owned business as a result of the pain relief he obtains from the prescribed medications. He travels from his home in ___ to continue to see his treating physician in order to obtain medication refills.

Correspondence from his treating physician dated 08/27/01, stated that the patient is quite functional on his medication regimen and maintains his own business. This physician also states that the patient has never demonstrated any abnormal, drug-seeking behavior or reason to doubt his veracity.

Disputed Services:
Medications methocarbamol, Ambien, hydrocodone and Duragesic during the period08/11/01 through 11/13/01.

Decision:
The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that methocarbamol and Ambien **are not medically necessary**. The reviewer is of the opinion that hydrocodone and Duragesic **are medically necessary in this case.**

Rationale for Decision:
There is no medical indication for the continued use of methocarbamol, a muscle relaxant indicated for short-term use for muscle injury. There is no ongoing muscle injury, nor does any physical examination demonstrate muscle spasms to require the ongoing use of methocarbamol.

There is no justification for the continued use of Ambien, a sleeping pill. Sleeping pills have no role in the treatment of chronic pain and long-term usage only leads to dependence. Ambien should be discontinued so the claimant can resume a normal sleep pattern and normal sleep architecture.

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 who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,