

MDR Tracking Number: M5-02-3155-01

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 and determined, the total amount recommended for reimbursement 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.

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, Protonix, Pepcid and BioFreeze were found to be medically necessary. The remainder of the prescription medications were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the prescription medication 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 8/8/01 through 5/8/02 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 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

November 8, 2002

Re: Medical Dispute Resolution
MDR #: M5.02.3155.01
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 Neurosurgery.

Clinical History:

This 42-year-old woman was injured on the job on ____. She was treated conservatively for a period of time for neck, arm, low back and leg pain. In October 2001, she underwent an anterior cervical discectomy and fusion at C4-C5 and C5-C6 with anterior plating for cervical spondylosis with spinal cord compression.

Reports reveal she has severe degenerative disc disease at L3-L4, L4-L5 and L5-S1 and continues to complain of pain in the same areas mentioned above. Because of recurrent CMV pneumonia, she is not thought to be a surgical candidate for the required extensive lumbar spinal surgery. Throughout this period of time she was given large doses of Xanax, Soma and Valium simultaneously.

Disputed Services:

Pepcid, alprazolam (Xanax), soma, promethazine (Phenergan), diazepam (Valium), hydrocodone/APAP, Protonix and BioFreeze during the period of 08/08/01 through 05/08/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that Protonix, Pepcid and BioFreeze were medically necessary in this case. However, Xanax, Soma, Phenergan and hydrocodone/APAP were not medically necessary in this case.

Rationale for Decision:

Protonix was appropriately prescribed after she complained of gastritis and esophagitis. Pepcid was also used appropriately. BioFreeze is rarely of use; however, I find no reason to determine it not to have been medically necessary.

Xanax, Soma and Valium are habituating or addictive and can cause severe withdrawal symptoms when discontinued. The use of these drugs in combination with Phenergan is contraindicated. Hydrocodone/APAP is not appropriate or medically necessary for long-term care. These are all drugs, which may be used on a short-term basis, but chronic prescribing should be disallowed.

Additional Comments:

This patient obviously has chronic pain, which is not amenable to surgical treatment. She should be referred to a pain management clinic with the idea of withdrawing from the use of Xanax, Soma, Phenergan and Valium.

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 or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,