

MDR Tracking Number: M5-03-3242-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General 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. This dispute was received on August 12, 2003.

The IRO reviewed prescribed medications: Celexa rendered on 8/27/02, 10/29/02 and 12/6/02 were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

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 not the only issue** to be resolved. The Celexa rendered on 8/27/02, 10/29/02 and 12/6/02 were found to be medically necessary. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

Neither party submitted copies of the original denial or reconsideration denials, therefore the charge in dispute will be reviewed according to the Pharmacy Fee Guideline.

The following table identifies the disputed services and Medical Review Division's rationale:

<b>DOS</b>	<b>DRUG</b>	<b>Billed</b>	<b>Paid</b>	<b>EOB Denial Code</b>	<b>Reference</b>	<b>Rationale</b>
9/12/02	Celexa 40 mg #90	\$243.10	\$0.00	No EOB	TWCC Rule 134.502(f) & 134.503 (a-e)	The requester submitted documentation to support delivery of service. Therefore the requester is entitled to reimbursement of the prescribed medication.
TOTAL		\$243.10	\$0.00			The requestor is entitled to reimbursement in the amount of \$243.10.

## **ORDER**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision and Order is applicable for dates of service 8/27/02 through 12/6/02 in this dispute.

This Order is hereby issued this 19<sup>th</sup> day of January 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division  
MQO/mqo

**IRO Certificate #4599**

### **NOTICE OF INDEPENDENT REVIEW DECISION**

November 14, 2003

**Re: IRO Case # M5-03-3242-01**

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, Rule 133.308 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 IROs, 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, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. 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 determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 33-year-old male who was injured in \_\_\_\_. Back pain developed soon and was diagnosed as disk ruptures at three levels by MRI on 10/4/99.

In May 2000 the patient underwent multi-level diskectomies. He improved post operatively, but he continued to require medication for pain. In managing his pain, psychological testing was performed, and it indicated depression. It was noted on 8/26/02 that psychological problems were present, and about this time Celexa was prescribed as an antidepressant.

Requested Service(s)

Celexa 8/27/02, 10/29/02, 12/6/02

Decision

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

Rational

Celexa is a selective serotonin uptake inhibitor that is frequently used as an antidepressant in the circumstance that were being dealt with in this case.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.