

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. The dispute was received on 9-5-03.

The Medical Review 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 Paxil, Bextra, and Nexium were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 9-6-02 through 10-4-02 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3rd day of November 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division
DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

Date: October 30, 2003

RE: MDR Tracking #: M5-04-0075-01
IRO Certificate #: 5242

___ 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 Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed 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 Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery and has ADL certification. The Orthopedic Surgeon 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

The claimant has a history of chronic neck pain allegedly related to a work compensable injury on _____. The claimant reached MMI on or about 03/12/99.

Requested Service(s)

Prescription medications Paxil, Bextra and Nexium.

Decision

I agree with the insurance carrier that the requested prescription medications are not medically necessary.

Rationale/Basis for Decision

Bextra is a second generation COX-2 inhibitor indicated for the treatment of acute pain in adults. A secondary indication is the need for a prescription nonsteroidal anti-inflammatory medication for the treatment of acute pain in a patient with a history of gastritis. Nexium is a proton pump inhibitor indicated for the treatment of erosive esophagitis, gastroesophageal reflux disease, and treatment of recurrent duodenal ulcer. Paxil is indicated for treatment of depression. Upon review of all information provided there is no documentation of an acute musculoskeletal condition, a gastrointestinal disorder, or a clinical depression to indicate the continued prescription of Bextra, Nexium and Paxil is medically necessary in this clinical setting. There is no clearly documented clinical rationale explaining why a well-structured home exercise program, use of conventional physical therapy modalities (ice/heat) and over-the-counter medications would be any less effective in continued prescription medications in this clinical setting.