

MDR Tracking Number: M5-04-0235-01

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 (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 September 19, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. The IRO agrees with the previous determination that the Hydrocodone/APA, Methylpredisone and Carisprodol 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 **medical necessity was the only issue** to be resolved. The Vioxx was found to be medically necessary. The Hydrocodone/APA, Methylpredisone and Carisprodol were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the Hydrocodone/APA, Methylpredisone and Carisprodol and Vioxx 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 10/22/02 through 1/20/03 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 5<sup>th</sup> day of November 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

Enclosure: IRO decision

# MEDICAL REVIEW OF TEXAS

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-04-0235-01
Name of Patient:	
Name of URA/Payer:	Highpoint Pharmacy
Name of Provider: (ER, Hospital, or Other Facility)	Highpoint Pharmacy
Name of Physician: (Treating or Requesting)	Jacob Rosenstein, MD

October 31, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: Texas Workers' Compensation Commission

RE:

#### CLINICAL HISTORY

This is a lady who on or about \_\_\_ reportedly sustained a twisting injury to the lumbar region. One month later imaging studies notes a small disc lesion at the L5-S1 interspace. CT imaging noted an L5 pars defect, and there is nothing indicating that this was an acute finding. Dr. Rosenstein treated this conservatively and declared maximum medical improvement as of January 16, 1996. At that time, he noted the disc lesion and made no mention of any acute or related changes to the bony architecture. The associated impairment rating focused on the disc herniation. In 1997 there is imaging evidence of the disc lesion worsening and the pars defect sclerosing. Over the ensuing years the care shifted from treating the disc lesion to treating a degenerative arthritis. There was a notation of a radiculopathy; however, no specific testing (EMG) was noted to support this assessment. The treatment consisted of TPI, oral narcotics and other medications. There have been occasional flares and acute painful episodes were noted

#### REQUESTED SERVICE(S)

1. Hydrocodone/APAP
2. Vioxx
3. Methylpredisone
4. Carispodol

#### DECISION

Approve Vioxx.

Deny all other medications.

#### RATIONALE/BASIS FOR DECISION

1. Hydrocodone/APAP **Deny**. This is a narcotic medication and this is not reasonable and necessary care for the injury. The treatment is addressing an ordinary disease of life, arthritis of the spine, and the injury was clearly established as a disc herniation. Dr. Rosenstein pointed this out in his initial assessment and his impairment rating. The spondylolisthesis did not occur until several years later and this is not a sequale of the disc lesion. While noting the complaints of pain,

RE:

this is not a function of the injury. Therefore, the use of this medication is not warranted.

2. Vioxx **Approve**. There are degenerative changes to the disc and this would be associated with the disc lesion identified as a function of the compensable event. Moreover, there is an analgesic property that addresses the disc lesion as well.

3. Methylpredisone **Deny** - – This was used to treat an acute flare of pain associated not with the disc lesion rather for the facet syndrome and the pars defect. This arthritic condition may have warranted the use of this medication, only not as a function of the injury. This is not reasonable and necessary care for the injury.

4. Carisprodol **Deny** – is used for painful musculoskeletal conditions. However, this is for acute situations and noting the date of injury, this is not reasonable care for the injury.