

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-3741.M5**

MDR Tracking Number: M5-04-0251-01

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 23, 2003.

The 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 Carisoprodol, Ibuprofen, and Hydro/Apap 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 Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the Carisoprodol, Ibuprofen, and Hydro/Apap were not found to be medically necessary, reimbursement for dates of service from 10-16-02 to 01-14-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10<sup>th</sup> day of February 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PR/pr

February 6, 2004

**NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M5-04-0251-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the \_\_\_ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in internal medicine. The \_\_\_ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ physician reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 26 year-old female who sustained a work related injury on \_\_\_\_. The patient reported that while at work, a 40 pound piece of metal fell on her right ankle and foot. A letter of medical necessity dated 1/30/03 indicated that per diagnostic studies the patient has internal derangement of the right ankle including multiple bone chips from the navicular bone. Current diagnoses for this patient include internal derangement of the right knee.

### Requested Services

Carisoprodol, Ibuprofen and Hydro/Apap from 10/16/02 through 1/14/03.

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

### Rationale/Basis for Decision

The \_\_\_ physician reviewer noted that this case concerns a 26 year-old female who sustained a work related injury on \_\_\_\_. The \_\_\_ physician reviewer indicated that the documentation provided included of a letter of medical necessity from the treating physician, an evaluation by a D.O., and multiple pharmacy records documenting the various medications used from 10/16/02 through 1/14/03. The \_\_\_ physician reviewer explained that the letter indicated that the patient sustained an injury to her right ankle and has been diagnosed with multiple navicular bone chips. The \_\_\_ physician reviewer also explained that the letter indicated that the patient uses Lortab 7.5 mg (Hydro/Apap) four times daily as needed, carisoprodol 350mg four times daily as needed, and ibuprofenm 800mg three times daily. The \_\_\_ physician reviewer indicated that the records provided did not include any documentation of any clinical findings that would support the use of Lortab, carisoprodol and ibuprofen. The \_\_\_ physician reviewer explained that although the pharmacy records provided document the medications that were prescribed, the documentation is not sufficient to support the medical necessity of the medications prescribed. Therefore, the \_\_\_ physician consultant concluded that the Carisoprodol, Ibuprofen and Hydro/Apap (Lortab) from 10/16/02 through 1/14/03 were not medically necessary to treat this patient's condition.

Sincerely,

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