

MDR Tracking Number: M5-04-0780-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 11-13-03.

The IRO reviewed RX drugs Neurontin, Diazepam, Hydroc/Apap, Carisoprodol on 11-14-02.

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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 1-29-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

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

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
1-9-03	Diazepam	\$17.08	\$7.68	H	AWP x # of units x 1.25 + \$4.00 for generic drugs	Rule 133.307 (g)(3) (A-F) and 134.503	Carrier paid half payment pending peer review. Carrier did not submit an EOB regarding the peer review results. Therefore, this review will be according to the 1996 <i>Medical Fee Guideline</i> and the pharmacy reimbursement methodology. Relevant information supports delivery of service. Recommend additional reimbursement of \$7.57. $(.30 \times 30 = \$9.00 \times 1.25 = \$11.25 + \$4.00 = \$15.25 - \$7.68 = \$7.57)$
1-9-03	Hydroc/ Apap	\$108.84	\$54.42	H	AWP x # of units x 1.25 + \$4.00 for generic drugs		Same as above. Recommend additional reimbursement of \$53.08. $(.69 \times 120 = \$82.80 \times 1.25 = \$103.50 + \$4.00 = \$107.50 - \$54.42 = \$53.08)$

1-9-03	Carisoprodol	\$89.91	\$44.95	H	AWP x # of units x 1.25 + \$4.00 for generic drugs	Rule 133.307(g)(3) (A-F) and 134.503	Carrier paid half payment pending peer review. Carrier did not submit an EOB regarding the peer review results. Therefore, this review will be according to the 1996 <i>Medical Fee Guideline</i> and the pharmacy reimbursement methodology. Relevant information supports delivery of service. Recommend additional reimbursement of \$44.55. (.57 x 120 = \$68.40 x 1.25 = \$85.50 + \$4.00 = \$89.50 - \$44.95 = \$44.55)
TOTAL		\$215.83	\$107.05				The requestor is entitled to reimbursement of \$105.20.

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 Order is applicable for dates of service 11-14-02 and 1-9-03 in this dispute.

This Order is hereby issued this 30th day of April 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

January 30, 2004

**NOTICE OF INDEPENDENT REVIEW DECISION
Amended Letter**

MDR Tracking #: M5-04-0780-01

___ 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 male who sustained a work related injury on ___. The patient reported that while at work on the railroad, he jumped from one railcar to another, landing with his knee in a locked position. A CT scan of the lumbar spine showed a 1mm bulge of the annulus at L3-L4, lumbar hypolordosis indicative of mild myofascial spasm, degenerative joint disease at L5-S1, and mild facet joint space narrowing of the mid to lower lumbar spine indicative of early degenerative change. The diagnoses for this patient have included lumbar sprain/strain, thoracic sprain/strain, and myofascial pain, trigger points, radiculopathy/lumbar by clinical exam and NVC, and neuropathic pain. The treatment for this patient's condition has included heat, electrical stimulation, Biofreeze, facet injections and oral medications that included of Diazepam, Neurontin, Carisoprodol, and Hydrocodone/Apap.

Requested Services

Neurontin, diazepam, hydroc/apap, carisoprodol 11/14/02

Decision

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

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 26 year-old male who sustained a work related injury to his low back on ___. The ___ physician reviewer indicated that the patient was diagnosed with lumbar disc disease, thoracic sprain/strain, trigger points and myofascial pain. The ___ physician reviewer

noted that treatment for this patient's condition has included epidural steroid injections, trigger point injections, heat/electrical stimulation, biofreeze and oral medications. The ___ physician reviewer explained that the patient has a chronic pain condition directly related to his work related injury. The ___ physician reviewer noted that the patient has been regularly evaluated and has been under the care of a pain management specialist. The ___ physician reviewer explained that the patient's medical regimen is appropriate for his patient's diagnoses of neuropathic pain. Therefore, the ___ physician consultant concluded that the prescriptions for Neurontin, Diazepam, Hydroc/apap, Carisoprodol on 11/14/02 were medically necessary to treat this patient's condition at this time.

Sincerely,