

MDR Tracking Number: M5-04-0994-01

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 October 31, 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 Oxycodone, Methocarbamol, Wellbutrin, Hydroxyzine, Methadose (Methodone), Alprazolam, Actio, Ambien, Methodone, Endocet, massage, and a book on back pain 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 medical necessity fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 05-03-03 to 12-01-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 15th day of July 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

June 25, 2004

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-0994-01
 IRO Certificate #: IRO 4326

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

___ has performed an independent review of the rendered 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 ___ physician reviewer who is board certified in Pain Management, licensed by the Texas State Board of Medical Examiners in 1989 and provides health care to injured workers. This is the same specialty as the attending physician. The ___ 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

This patient sustained a work-related injury on ___ when he was lifting beer kegs and injured his lower back. The patient underwent a discogram on 02/01/99 that indicated a posterior annular tear. He was treated with a series of injections and subsequently underwent an intradiscal electrothermal therapy (IDET) at L4-5. Following the IDET, the patient was released back to work without restrictions. Medical record documentation indicates that the patient was still being treated for chronic lumbar pain and the treating physician prescribed Oxycodone, Methocarbamol, Wellbutrin, Hydroxyzine, Methadose(Methodone), Alprazolam, Actio, Ambien, Methodone, Endocet, massage, and a book on back pain billed from 05/03/03 through 12/01/03.

Requested Service(s)

Oxycodone, Methocarbamol, Wellbutrin, Hydroxyzine, Methadose(Methodone), Alprazolam, Actio, Ambien, Methodone, Endocet, massage, and a book on back pain billed from 05/03/03 through 12/01/03.

Decision

It is determined that the Oxycodone, Methocarbamol, Wellbutrin, Hydroxyzine, Methadose(Methodone), Alprazolam, Actio, Ambien, Methodone, Endocet, massage, and a book on back pain billed from 05/03/03 through 12/01/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that this patient was returned to gainful employment without restrictions following an IDET procedure. The information provided lacks documentation to indicate the necessity for continuing the use of analgesics. This patient is using and being prescribed multiple analgesics of similar nature concurrently. The medical record documentation does not support the use of these analgesics over 8 years post injury. Therefore, Oxycodone, Methocarbamol, Wellbutrin, Hydroxyzine, Methadose(Methodone), Alprazolam, Actio, Ambien, Methodone, Endocet, massage, and a book on back pain billed from 05/03/03 through 12/01/03 were not medically necessary to treat this patient's condition.

Sincerely,