

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. This dispute was received on 4-28-03.

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 prescription drugs Soma and Lortab on 5-14-02 and 5-28-02 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 3-25-04, 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.

Regarding prescriptions for dates of service 6-11-02 through 6-1-03: Neither the carrier nor the requestor provided EOB's. Rule 133.307 (f) (1) (2) (3) states that an employee reimbursement dispute must include:

- (1) an explanation of the disputed fee issues;
- (2) proof of employee payment for the health care for which the employee is requesting reimbursement (include receipts of payment made); and
- (3) a copy of any EOB relevant to the dispute, or if no EOB was received, convincing evidence of carrier receipt of employee request for reimbursement.

On 4-8-04 Medical Dispute Resolution staff contacted the employee. The employee stated at that time that he had never submitted his receipts to the insurance carrier.

There is no "convincing evidence of carrier receipt of employee request for reimbursement. No reimbursement recommended.

This Finding and Decision is hereby issued this 11th day of February, 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision



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NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 19, 2004

MDR Tracking #: M5-04-1218-01
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 an Orthopedic reviewer (who is board certified in orthopedic surgery) who has an ADL certification. The 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 back pain allegedly related to the work compensable injury on ____.

Requested Service(s)

Medications: Soma, Lortab

Decision

I agree with the insurance carrier that the requested intervention is not medically necessary.

Rationale/Basis for Decision

Soma compound is a skeletal muscle relaxant, generally indicated for relief of discomfort associated with acute, painful musculoskeletal conditions. They are generally effective only for the first four to six weeks of use. Additionally, Soma has meprobamate, a Schedule IV drug, as an active metabolite, which has an abuse potential. Lortab is a synthetic codeine derivative generally indicated for management of acute pain associated with injury and peri-operative

conditions. Long term use of these medications for treatment of chronic pain syndrome is indicated when there is periodic assessment demonstrating improvement in objective parameters including range of motion, increase in functional capacity and a decrease in the need for the use of other medical services. Upon review of all documentation provided, there is no evidence of periodic assessment with objective measurement of range of motion and functional capacity parameters to indicate clinical improvement over time with the use of these medications. Additionally, there should be periodic attempts at weaning of the medication to lower therapeutic dosing. These requirements are absent from the provided documentation. The documentation does not support that continued use of Soma and Lortab is reasonable or medically necessary in this clinical setting. There is no documentation of exhaustion of conservative measures of treatment including, but not limited to, oral non-steroidal and steroidal anti-inflammatory medication, bracing, and physical therapy emphasizing spinal stabilization/McKenzie.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 24th day of March 2004.