

MDR Tracking Number: M5-04-1233-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 1-2-04.

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 the prescription medications of Neurontin, Skelaxin, Coats Aloe Vera liniment, and Propoxyphene-N/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 Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 1/23/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17th day of March 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division
RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

March 10, 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 #: M5-04-1233-01
IRO Certificate #: IRO4326

___ 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 orthopedic surgery which is the same specialty as the treating 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 an injury on ___ when he slipped and fell down some stairs. He was diagnosed with cervical and lumbar strain and spondylosis with conservative treatment consisting of physical therapy, epidural steroid injections, and chiropractic manipulations. Eventually, he underwent a lumbar laminectomy but currently has chronic pain syndrome.

Requested Service(s)

Neurontin, Skelaxin, Coats Aloe Vera liniment, and propoxyphene-N/APAP prescribed 01/24/03

Decision

It is determined that the Neurontin, Skelaxin, Coats Aloe Vera liniment, and propoxyphene-N/APAP prescribed 01/24/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The review of the medical records regarding the initial injury are consistent with a combination sprain and contusion. There is no evidence of an office visit note for the date 01/24/03 and thereby, no documentation justifying the medications prescribed on that date. Therefore, it is determined that the Neurontin, Skelaxin, Coats Aloe Vera liniment, and propoxyphene-N/APAP prescribed 01/24/03 were not medically necessary.

Sincerely,