

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 November 21, 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 prescriptions for Lorazepam, Doxepin, Wellbutrin, Omeprazole, Hydrocodone/APAP and Amitriptyline 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 treatment listed above were not found to be medically necessary, reimbursement for dates of service from 03-26-03 to 07-09-03 is denied and the Division declines to issue an Order in this dispute.

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

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 9, 2004

MDR Tracking #: M5-04-1300-01
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 Surgeon 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 low back pain allegedly related to a compensable work injury on ____.

Requested Service(s)

Prescriptions for Lorazepam, Doxepin, Wellbutrin, Omeprazole, Hydrocodone/APAP, Amitriptyline

Decision

I agree with the insurance carrier that the requested prescriptions are not medically necessary.

Rationale/Basis for Decision

Most recent clinical noted dated 12/8/03 indicates that “he takes for his pain and muscle spasm Lorazepam 2mg at bedtime, Wellbutrin SR 150 twice daily, Prilosec 20mg daily and Hydrocodone one 4 times daily”. A review of the records indicates that Doxepin has been substituted for Lorazepam and Amitriptyline has been substituted for Wellbutrin in the past. Generally Lorazepam and Doxepin are anxiolytic agents used for the management of anxiety disorders. There is no documentation of a clinical anxiety disorder. The chronic use of Lorazepam as a soporific is a poor choice. Such use of medications rarely has continued significant benefit. Amitriptyline and Wellbutrin are antidepressants. There is no documentation of clinical depression. Amitriptyline has been also used as an adjunct for neuropathic pain, but there is no specific documentation of neuropathic pain. Additionally, for all chronic medications, there should be documentation of periodic attempts of withdrawal, to confirm that they are still exhibiting a therapeutic effect. No such instances of attempts at withdrawal of any of the medications are documented. Prilosec is a proton pump inhibitor prescribed for the treatment of duodenal ulcer and gastrointestinal reflux disease (GERD). According to a clinic note dated 12/8/03 the claimant has been on “chronic Prilosec treatment” due to esophagitis secondary to ingestion of NSAIDs”. There is no clinical documentation of ongoing esophagitis or peptic ulcer disease to indicate the medical necessity of continued prescription of Prilosec. Once NSAID’s are withdrawn, after a 6 week course of Prilosec, symptoms that may have been causally related to NSAID usage should have been resolved. There is no documentation of any ongoing NSAID use, which would be contraindicated from the history of esophagitis. Hydrocodone is an opioid narcotic generally indicated for management of severe pain associated with acute injury and peri-operative conditions. In order to justify the chronic use of opioids, there should be documentation of a Medication Management Agreement and documentation of objective benefit from its use, by way of significant improvements of VAS scores and functional activities. As noted above, there should be periodic attempts at weaning, to make sure that the lowest possible dose is being used. The claimant allegedly sustained a compensable work injury ____ years ago. I find no documentation of significant reduction in VAS scores or positive benefits in functional activities, therefore, the documentation does not support the continued use of narcotic medication in this clinical setting.