

MDR Tracking Number: M5-04-1325-01

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 May 20, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The Flexeril, Zydone, Celebrex, and Soma Sonata for 08-04-02 through 05-15-03 were found to be medically necessary. The Oxycontin for 02-12-03 and 05-15-03 was not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the medications listed above.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 to dates of service 08/04/02 through 05/15/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 20th day of February 2004.

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

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 16, 2004

Re: IRO Case # M5-04-1325-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 53-year-old male who in ___ was lifting cartons of paper and developed back pain. He had a history of back problems in 1985 that had cleared. There was never any neurologic deficit suggesting significant nerve root compression, but his pain has persisted despite treatment with medications,

physical therapy and epidural steroid injections. The patient is morbidly obese with a height of 5'7" and a weight of over 300 pounds. Surgery was never a consideration, apparently because of the patient's obesity and multiple levels of involvement in the lumbar spine.

Requested Service(s)

Prescriptions for Flexeril, Zydone, Celebrex, Soma Sonata and Oxycontin 8/4/02-5/15/03

Decision

I disagree with the carrier's decision to deny the requested medications, except for Oxycontin. I agree with the decision to deny the requested Oxycontin..

Rationale

Use of muscle relaxants and anti-inflammatories are indicated, along with occasional use of non Schedule 2 pain medications. Oxycontin is not indicated on a long-term basis without thorough evaluation by a pain specialist, including a psychological evaluation. Such an evaluation was not provided in the records submitted for this review. Other forms of pain relief, even in the form of spinal cord stimulation should be considered before the extended use of extremely habituating pain medications. Weight loss in this patient is something that needs to be aggressively approached before the use of such medications.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.