

**MDR Tracking Number: M5-04-1513-01**

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 1-27-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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 fees were not the only fees 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. The Celebrex, Hydro/APAP, Amitriptyline, Fluoxetine, and Cyclobenzaprin from 1-30-03 through 6-26-03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On 4-19-04, 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.

Review of the requester's and respondent's documentation revealed that two different audits of the prescription drugs for dates of service 3-21-03 and 4-17-03 were denied with D code which means that this item was previously submitted.) Therefore, the disputed services will be reviewed according to the 96 Fee Guidelines. The formula for the MAR is as follows: Generic AWP / unit x (number of units) x 1.25 + \$4.00 .

- Hydroco/Apap was billed on 3-21-03. The MAR for 60 units is \$42.25. ( $\$253.03 / 500 = \$.51 \times 60 = \$30.60 \times 1.25 + \$4.00 = \$42.25$ ). **Recommend reimbursement of the \$41.95 that the requester billed.**

- Fluoxetine was billed on 3-21-03. The MAR for 14 units is \$49.50. ( $\$259.83 / 100 = 2.60 \times 14 = \$36.40 \times 1.25 = \$45.50 + \$4.00 = \$49.50$ .) **Recommend reimbursement of the \$49.47 that the requester billed.**
- Fluoxetine was billed on 4-17-03. The MAR for 30 units is \$101.50. ( $\$259.83/100 = 2.60 \times 30 = \$78 \times 1.25 = \$97.50 + \$4.00 = \$101.50$ ). **Recommend reimbursement of the \$101.44 that the requester billed.**
- Cyclobenzaprine was billed on 4-17-03. The MAR for 50 units is \$50.88. ( $750 / 1000 = \$.75 \times 50 = \$37.50 \times 1.25 = \$46.88 + \$4.00 = \$50.88$ ). **Recommend reimbursement of \$50.88.**
- Hydroco/Apap was billed on 4-17-03. The MAR for 60 units is \$42.25. ( $\$253.03 / 500 = \$.51 \times 60 = \$30.60 \times 1.25 + \$4.00 = \$42.25$ ). **Recommend reimbursement of the \$41.95 that the requester billed.**

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)).

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 1-30-03 through 6-26-03 in this dispute.

This Decision and Order is hereby issued this 1<sup>st</sup> day of October, 2004.

Donna Auby  
 Medical Dispute Resolution Officer  
 Medical Review Division  
 DA/da

## NOTICE OF INDEPENDENT REVIEW DECISION

April 9, 2004

**Re: IRO Case # M5-04-1513  
IRO Certificate #4599**

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 37-year-old male who was injured in \_\_\_\_. This led to back pain with lower extremity discomfort. No details of the injury were provided for this review. The patient was diagnosed with lumbar disk disease and sacroiliac dysfunction, for which he had received multiple injections and percutaneous operative procedures on the lumbar spine. Nevertheless, the patient's pain persists.

It is said that the patient is depressed secondary to the various problems, interfering with his work.

Requested Service(s)

Celebrex, Hydro /APAP, Amitriptyline, Fluoxetine, Cyclobenzaprin 1/30/03-6/26/03

Decision

I disagree with the carrier's decision to deny the requested medications.

Rationale

Celebrex is very helpful in the circumstances as they are described in the records provided for this review. In addition, something for pain is certainly indicated, along with a muscle relaxant and an antidepressant. Also, Amitriptyline is frequently supportive with pain problems in association with depression. My concern with this case is not the medications. It appears from the records provided for review that x-rays and discography are the only diagnostic tools that have been used, and that the patient has had multiple injections without significant relief. Under these circumstances, additional consultation and evaluation with a spine surgeon is advisable.

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