

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER: 453-04-7267.M5

MDR Tracking Number: M5-04-1527-01

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 July 28, 2003.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 07-28-03, therefore the following date(s) of service are not timely: 12-08-01 through 07-22-02.

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 Hydroco/APAP, Zanaflex, Tizanidine, and duragesic patch from 08-01-02 through 02-04-03 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 was not found to be medically necessary, reimbursement for dates of service from 08-01-02 to 02-04-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24th day of May 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

May 10, 2004

MDR #: M5-04-1527-04
IRO Certificate No.: 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in the area of Anesthesia and Pain Management and who is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Carrier and treating doctor correspondence and case reviews: 05/00 – 08/03.
Office notes and reports: 05/97 – 02/04.
Operative report: 07/11/97; Radiology report: 08/01/02, 02/09/98, 01/21/98, 09/19/97

Clinical History:

The patient is a 30-year-old male with an apparent work-related injury to the neck on ____. This was felt to represent pathology of the C5-C6 disc, and the patient underwent a discectomy and fusion on 07/11/97. The patient previously had been treated with physical therapy. Postoperatively, the patient continued to have pain and received physical therapy and occupational therapy. Additionally, he received relaxants and analgesics with trigger point injections. The chronic pain continued. From 12/98 until 04/2000 no medical records are available.

A physician continued the care of the patient beginning 04/00 and makes the diagnosis of arachnoiditis and reflex sympathetic dystrophy. No findings are reviewed which support this diagnosis. The patient is treated with OxyContin and

Zanaflex. By 01/07/02, the medical records suggest carpal tunnel syndrome, and later suggest ulnar neuropathy at the elbow. A CT done on 08/01/02 shows only evidence of prior surgery without arthritic changes or pseudoarthrosis.

There was no evidence of canal or foraminal compromise. Final medical entry available for review on 02/05/2004 notes a change to methadone therapy with discogenic versus peripheral nerve impingement as part of the differential diagnosis.

Disputed Services:

Hydroco/APAP, zanaflex, tizanidine, and duragesic patch during the period of 08/01/02 thorough 02/04/03

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the medications in dispute as stated above were not medically necessary in this case.

Rationale:

The diagnosis of cervical radiculopathy, arachnoiditis, pseudoarthrosis, and degenerative disc disease are not supported in the presented records. The original prescription of OxyContin in high doses is not explained by the presented records. The subsequent prescription of Duragesic patches, hydrocodone, methadone, and Zanaflex have cascaded from that therapeutic decision. Detoxification and substance rehabilitation must be considered in this patient's therapy as well as diagnostic studies. Substance seeking behavior and peripheral neuropraxia likely play a major role in this patient's present medical condition and chronic pain syndrome.

Sincerely,