

MDR Tracking Number: M5-04-1607-01

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 February 4, 2004.

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 \$650.00** 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 was the only issue** to be resolved. The Vioxx was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed treatment.

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 02-06-03 through 05-16-03 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 31<sup>st</sup> day of March 2004.

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

**NOTICE OF INDEPENDENT REVIEW DETERMINATION**

March 26, 2004

MDR Tracking Number: M5-04-1607-01  
IRO Certificate Number: 5259

An independent review of the above-referenced case has been completed by a medical physician board certified in family practice. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_\_.

CLINICAL HISTORY

\_\_\_\_ had a work related knee injury on \_\_\_\_\_. She was treated conservatively with medications, knee brace, physical therapy, muscle stimulator and time off of work. Eventually she underwent a chondroplasty with a lateral release on 9/15/94. She continues to have pain several years post-operatively. MMI was determined on 12/27/02 with an impairment rating of 5%.

REQUESTED SERVICE (S)

Vioxx.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

This patient has developed chronic pain from her work related knee injury on \_\_\_\_\_. At this point, Vioxx is an excellent option for ongoing pain control. Peer review literature, standard of care and accepted guidelines for chronic pain patients all recommend the use of non-narcotic analgesics and anti-inflammatories for long term use because of their low side effect profile, efficacy, and lack of problems with tolerance, dependence, or addiction. In fact, COX-2 inhibitors like Vioxx may be even a better choice than traditional NSAID's because of their even lower propensity for GI side effects, ulcers, and GI bleeding. For these reasons, Vioxx is appropriate for this patient for her prescription and are approved.