

MDR Tracking Number: M5-04-1854-01

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 24, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of 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 Effexor, Buspirone, and Celebrex **were** found to be medically necessary. The Ambien, Ultracet, and Nexium **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 02-24-03 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 28th day of May 2004.

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

May 12, 2004

MDR Tracking Number: M5-04-1854-01
IRO Certificate # 5259

An independent review of the above-referenced case has been completed by a medical physician board certified in neurology. 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

A male injured at 41 years of age on ___ when he was thrown from a tractor-lawn mower. According to ___ letter of 10/6/03 regarding medical necessity, ___ suffered chronic neck and back pain. He has had variable levels of muscle spasms. He has been felt to be disabled from his previous employment as workman but has gone back to work in a sedentary capacity in a car dealership.

Documents Reviewed: Follow up chart notes from ___ dated 2/24/03, 3/14/03, and 5/15/03. Letter of medical necessity from ___ of 10/6/03 Copies of various prescriptions from ___ Independent review of ___ by ___ dated 9/19/02. Various EOBs from ___ to ___.

REQUESTED SERVICE (S)

Ambien, Bupirone, Effexor, Ultracet, Celebrex, Nexium.

DECISION

Effexor, Bupirone, Celebrex – approved.

Ambien, Ultracet, Nexium – denied.

RATIONALE/BASIS FOR DECISION

This patient does seem to have, as described in ___'s notes and letter of medical necessity, a chronic pain syndrome related to his injury of ___. He is, in deed, being treated conservatively. To that end, Effexor and Buspirone are felt to be appropriate in a conservative regimen of use for elevating serotonin and norepinephrine levels in the central nervous systems in the case of Effexor. Elevating these neurotransmitter levels can be helpful with treatment of chronic pain. The mechanism of action of Buspirone is unknown; however, reducing anxiety can definitely aid in sleep and in reduction of chronic pain. The usage of Effexor can also help to restructure sleep fragmentation. Celebrex, as a mild anti-inflammatory, can be used for symptomatic treatment in this chronic musculoligamentous pain syndrome.

Ultracet does have a known addicting potential. Long term usage would be best avoided. Ambien, in this case, would be redundant to the usage of Effexor and Buspirone as the latter two are also used for restructuring the fragmentation of sleep that can occur in chronic pain syndromes. Nexium, as stated by ___ in his letter of medical necessity of 10/6/03, is being used for ___ GERD and this would not be work comp related. It has also been shown that usage of proton pump inhibitors, unfortunately, do not overt ulcer formation in COX-II NSAIDs therapy and, if being used for this reason, they do not have scientific backup at this point (GRAHAM, D. N Engl Med. 2002; 347(26); 2162-2164).