

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 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 Hydrocodone, Carisoprodol and Bextra 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 were not found to be medically necessary, reimbursement for date of service from 02-24-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 14<sup>th</sup> day of June 2004.

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

May 20, 2004

#### **NOTICE OF INDEPENDENT REVIEW DECISION**

#### **MDR Tracking #: M5-04-1857-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the \_\_\_ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in internal medicine and is familiar with the condition and treatment options at issue in this appeal. The \_\_\_ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ physician reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 49 year-old female who sustained a work related injury on \_\_\_\_\_. The patient reported that while at work she injured her low back, left hip and left foot. The patient underwent x-rays of the lumbar spine on 11/29/01 that were reported to have shown mild disc degeneration. On 1/3/02 the patient underwent an MRI of the lumbar spine that was reported to have shown a mild bulge at the annulus fibrosus of the L5-S1 level without significant canal compromise. The diagnoses for this patient have included lumbar radiculopathy, left hip sprain and left foot/ankle sprain. The patient continues with complaints of lumbar and left hip pain and left foot pain with radiation into both hips. Treatment for this patient's condition has included active a passive therapy and epidural steroid injections. The patient has also been prescribed Hydrocodone for break through pain, Carisoprodol for muscle spasms, and Bextra used as an anti-inflammatory.

### Requested Services

Hydrocodone, Carisoprodol, and Bextra on 2/24/03.

### Documents and/or information used by the reviewer to reach a decision:

#### *Documents Submitted by Requestor:*

1. Initial Medical Report 2/24/03
2. Letter of Medical Necessity 3/8/04

#### *Documents Submitted by Respondent:*

1. IME/RME 4/28/03

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

### Rationale/Basis for Decision

The \_\_\_ physician reviewer noted that this case concerns a 49 year-old female who sustained a work related injury to her low back, left hip and left foot on \_\_\_\_\_. The \_\_\_ physician reviewer indicated that this patient had been treated with medications, physical therapy, and a series of three epidural steroid injections. The \_\_\_ physician reviewer noted that the patient failed to experience lasting relief with the treatment rendered. The \_\_\_ physician reviewer indicated that the patient had normal MRI scans of the lumbar spine in 1/02 and 7/02, and a normal EMG/NCV in 2/02. The \_\_\_ physician reviewer noted that the patient's response to treatment plateaued therefore she was discharged from care in 11/02. The \_\_\_ physician reviewer also indicated that the patient underwent an initial evaluation on 2/24/03 and that the diagnoses for this patient were lumbar radiculopathy, left hip sprain, and left foot/ankle sprain. However, the \_\_\_ physician reviewer explained that the physical evaluation did not show muscle spasm or evidence of radiculopathy. The \_\_\_ physician reviewer noted that 15 months after the injury date, the patient was prescribed medications for treatment of continued complaints of pain. The \_\_\_ physician reviewer explained that Lortab (Hydrocodone) is a short acting narcotic analgesic and not used in the long-term treatment of pain from soft tissue injuries. The \_\_\_ physician reviewer indicated that Soma is a muscle relaxant and not indicated in the long-term treatment of a soft tissue injury. The \_\_\_ physician reviewer explained that this patient has no documented diagnoses of ongoing muscle spasm. The \_\_\_ physician reviewer indicated that Bextra is an anti-inflammatory. The \_\_\_ physician reviewer explained that current treatment for this patient's condition would not require an anti-inflammatory. Therefore, the \_\_\_ physician consultant concluded that the Hydrocodone, Carisoprodol, and Bextra on 2/24/03 were not medically necessary to treat this patient's condition.

Sincerely,