

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-6501.M5**

MDR Tracking Number: M5-04-1860-01

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 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 Promethazine, Cyclobenzaprine, Hydrocodone, Vioxx, Trazodone, and Lidocaine 2%, Biofreeze 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 dates of service from 02/24/03 to 05/05/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 5<sup>th</sup> day of May 2004.

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

**NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** April 26, 2004

**MDR Tracking #:** M5-04-1860-01

**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The reviewer has signed a certification statement stating 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 the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### **Clinical History**

The claimant has a history of chronic back pain allegedly related to a compensable work injury on \_\_\_\_.

### **Requested Service(s)**

Continued use of Promethazine, Cyclobenzaprine, Hydrocodone, Vioxx, Trazodone, Lidocaine 2%, Biofreeze.

### **Decision**

I agree with the insurance carrier that the requested interventions are not medically necessary.

### **Rationale/Basis for Decision**

Generally use of prescription narcotics, muscle relaxants, and topical agents are indicated in the presence of significant deficits in range of motion and functional capacity usually associated with acute injury or perioperative conditions. There is no objective documentation of significant deficits in the claimant's range of motion or functional capacity to indicate the medical necessity of continued use of these agents. Furthermore, continued use of these agents over time is indicated when continued improvement in objective parameters is documented. There is no documentation of continued improvement in this clinical setting. Finally, there is no documentation of a response to weaning from prescription narcotic medications to determine the continued medical necessity of use of these agents for a condition that allegedly resulted from an injury over 10 years ago. An attempt to wean the claimant from all prescription medications and an objective assessment of this trial would seem reasonable in this clinical setting. The continued use of the above described agents is not reasonable or medically necessary in light of the lack of objective documentation of continued improvement and the lack of documentation of an attempt at weaning from the agents.

Generally the use of a COX II inhibitor nonsteroidal anti-inflammatory drug is indicated in the presence of clinically documented peptic ulcer disease or gastroesophageal reflux disease (GERD). There is no documentation of peptic ulcer disease or GERD to indicate the medical necessity of a COX II inhibitor or why an over the counter nonsteroidal anti-inflammatory medications would be any less effective.

Generally use of antidepressant medication is indicated in the presence of clinically documented depression. There is no documentation of significant clinical depression to indicate the continued use of Trazodone.

Generally use of Promethazine (Phenergan) is indicated for prevention and control of nausea and vomiting associated with certain types of anesthesia in surgery and in post operative patients. In light of lack of documentation of attempt at weaning from narcotic agents, the continued use of Phenergan to treat nausea secondary to narcotics is not deemed to be medically necessary.