

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

SOAH DOCKET NO: 453-04-7168.M5

MDR Tracking Number: M5-04-1867-01

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 Mobic, Diazepam, Hydrocodone/APAP and Tizanidine 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 02-27-03 to 03-28-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 4th day of June 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 14, 2004

MDR Tracking #: M5-04-1867-01

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 a Physical Medicine and Rehabilitation reviewer who is board certified and 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

This claimant sustained an occupational right shoulder injury dated ___ while working at a computer station with a table that was too high and a chair that was low resulting in her working with the right upper extremity and right shoulder in a higher than usual position. The claimant developed right shoulder pain. She was subsequently diagnosed as having impingement syndrome. She improved and returned to light duty work. Subsequently, she came under the care of ___ as of January 28, 2003 because of a flare-up of right shoulder pain. He recommended injection therapy, medication management and advised her to be off work. Prior to that time the claimant underwent a November 6, 2002 orthopedic IME by ___. ___ recommended continuation of the work hardening program for a total of four weeks and then resumption of full duty occupational activities. At that time her right shoulder examination was normal. I failed to mention that on August 7, 2002 the claimant underwent a right shoulder MRI scan demonstrating mild acromioclavicular degenerative osteophyte which is a pre-existing condition. There was associated mild impingement of the supraspinatus tendon. On January 19, 2003 the claimant sustained a flare of right shoulder pain after washing her car and she subsequently came under the care of ___ as of January 28, 2003.

Requested Service(s)

The following prescribed medications during the period of February 27, 2003 through March 28, 2003: Mobic, Diazepam, Hydrocodone/APAP and Tizanidine.

Decision

I agree with the insurance carrier that the above prescribed medications are not medically necessary.

Rationale/Basis for Decision

In my opinion, based upon the submitted medical records documentation reviewed, the prescribed medications Mobic, Diazepam, Hydrocodone/APAP and Tizanidine during the period of February 27, 2003 through March 28, 2003 is not medically necessary or reasonable for management of the ___ work injury because these medications are for management of a January 19, 2003 non-occupational right shoulder flare-up unrelated to the ___ work injury. The flare-up is considered “non-occupational” because the conditions which supported this occurrence involved an osteophyte, a “disease of life,” and the flare-up occurred while the claimant was washing her car, a non-work related event. This opinion is supported by other documentation, including an IME from an orthopedist and a chart review by a specialist in PM&R.

If, however, I must exclude the issue of compensability, then the following is a discussion looking solely at medical necessity.

Per the billing records, Mobic 7.5 mg, #60, was first prescribed on 2/27/03 and again on 3/28/03. Valium (Diazepam) 10 mg, #6, and Hydrocodone/APAP 5/500 #20 were prescribed on 3/10/03 and finally, Tizanidine 4 mg, #30, was prescribed on 3/19/03. I have no contemporaneous office notes provided. The letter, dated 4/28/03, states that the Valium and Hydrocodone/APAP were for “post trigger injections,” to relieve pain from the trigger injections themselves. Considering the fact that local anesthetic is injected, there shouldn’t be the need for any prescription medication post-trigger injections, other than Tylenol. The claimant was already taking Mobic.

Assuming that the claimant was having pain on presentation to the physician’s office on 2/27/03, some medication may have been appropriate, however, Mobic carries the same GI bleeding warnings as OTC Ibuprofen, at a much more expensive price. There is no literature which supports that newer prescription NSAIDs have any more pain relieving or anti-inflammatory efficacy over widely available OTC NSAIDs. The medical necessity of the use of Mobic is not supported by the provided documentation.

Tizanidine, generic Zanaflex, is added on 3/19/03. Once again, there are no contemporaneous office notes provided, which support the medical necessity of muscle relaxants, as an advantage over hot packs and a program of stretching. In the absence of such documentation, clearly identifying significant muscle spasms, the medical necessity of Tizanidine is not supported.