

MDR Tracking Number: M5-04-2067-01

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 November 18, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. 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 Tramadol **was** found to be medically necessary. The Skelaxin **was 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 06-04-03 through 11-07-03 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 14<sup>th</sup> day of June 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PR/pr

September 20, 2004

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\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Surgery. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

\_\_\_ is a 38 year old female with a nine year history of neck, back and extremity complaints. Her symptoms date back to an on the job injury on \_\_\_. She has complained of chronic pain of the neck and lower back. She has intermittently also noted pain in her left shoulder and knees. Multiple diagnostic studies including x-rays, myelograms, CT scans, MRI's and nerve and muscle studies have been done on more than one occasion. Her current status consists of complaints of chronic pain and limited motion of the lower lumbar spine. EMG studies have demonstrated L5 and S1 radiculopathy on the left. Imaging studies have demonstrated mild facet arthropathy of the lower lumbar spine. Her symptoms and activities of daily living are improved by chronic use of Tramadol and Mataxalone (Skelaxin). Other medicines were used in the distant past and apparently were ineffective. These included Lodine, Flexeril and Robaxin.

#### DISPUTED SERVICES

The disputed items are the retrospective medical necessity of prescriptions for Skelaxin and Tramadol from 6-04-03 to 11-07-03.

#### DECISION

The reviewer agrees with the previous adverse determination regarding the prescription for Skelaxin; however, the reviewer disagrees with the previous adverse determination for the prescription for Tramadol.

#### BASIS FOR THE DECISION

\_\_\_ has complained of chronic persistent and recurring pain symptoms most prominently involving the lumbar sacral spine. She has failed multiple treatment attempts. Her only relief comes from the combination of Tramadol and Skelaxin.

According to the manufacturer's information in the Physician's Desk Reference 58<sup>th</sup> Edition – 2004, Tramadol is indicated for relief of moderate to severe pain in adults. It may cause physical and psychological dependence. The same reference states that Skelaxin is indicated for relief of discomfort of an acute musculoskeletal condition. It has some sedative properties, which may be exacerbated by concurrent use of Tramadol. The reviewer states that the treatment of this patient has been appropriate. Based on the recommended prescribing information provided, the prescription for Tramadol is appropriate. The prescription for Skelaxin is not appropriate.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,