

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER: 453-04-7153.M5

MDR Tracking Number: M5-04-2187-01

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 3-17-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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 prescription medications Lidoderm, Quinine, and Trazadone **were found** to be medically necessary. The prescription medications Carisoprodol and Methocarbamol **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 the above noted prescription medications dispensed on dates of service 3/22/03, 6/03/03, and 7/31/03 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 Decision and Order is hereby issued this 24th day of May 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division
RLC/rlc

May 5, 2004

MDR Tracking Number: M5-04-2187-01
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, approximately 51-years-old at this time, slipped and fell while working in the rain moving a crane on ____. He has had continued low back pain radiating into the left leg. He is status post L5-S1 fusion October 1999. There was no improvement. Pain varies from 5/10 with medications to 10/10 without medications.

REQUESTED SERVICE (S)

Lidoderm, quinine, Carisoprodol, Trazodone, methocarbamol.

DECISION

Lidoderm, quinine, Trazodone; approved.

Carisoprodol, methocarbamol; denied.

RATIONALE/BASIS FOR DECISION

This patient, as has been discussed by ___ in his independent medical evaluation of 4/2/03, appears to have a chronic pain syndrome. The patient

appears to be in need of continued pain management. Lidoderm, as a topical anesthetic preparation is relatively safe and, if efficacious, should be continued.

Quinine and Trazodone, as have been discussed on the patient's previous physician pharmacy review by ____, are, again, relatively safe and benign. Trazodone has long been used for chronic pain and used, in particular, for treatment of sleep fragmentation associated with chronic pain syndrome.

In agreement with ____ and many others, long term use of Soma (carisoprodol) and methocarbamol is not likely indicated and Soma, in particular, carries a relatively high degree of a possibility of addiction. Muscle relaxant medications are most efficacious for short term use with acute flare-ups of muscle spasm. These certainly could be used in short term flare-ups but long term usage of either of these medications is felt not to be indicated.