

MDR Tracking Number: M5-04-2188-01

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 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 Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650** for the paid IRO fee. 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 prescription medications Neurontin, Cyclobenzaprin, Cimetidine, Aciphex, Celebrex, and Oxycontin dispensed 3/19/03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 8th day of June 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

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 date of service 3/19/03 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 8th day of June 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

**Revised Notice 06/25/04
Note: Attachment Added**

May 25, 2004

Amended letter 07/27/04

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-2188-01
IRO Certificate #: IRO 4326

The ___ 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 §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered 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 ___ physician reviewer who is board certified in Family Practice which is the same specialty as the treating physician, provides health care to injured workers, and licensed by the Texas State Board of Medical Examiners in 1976. The ___ physician 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 patient sustained a work-related injury on ___ when he was injured while bending over and pulling on a drawer and experienced sharp pain in his lower back. The patient has undergone surgeries including a lumbar laminectomy and discectomy. He is currently being treated for lumbar stain/sprain, lumbar intervertebral disc syndrome and failed spinal surgery.

Requested Service(s)

Neurontin, Cyclobenzaprin, Cimetidine, Aciphex, Celebrex, Oxycontin, Senna-S and Hydroxyzine medications for 03/19/03

Decision

It is determined that Neurontin, Cyclobenzaprin, Cimetidine, Aciphex, Celebrex, Oxycontin, Senna-S and Hydroxyzine medications for 03/19/03 were medically necessary for this patient's condition.

Rationale/Basis for Decision

This patient has failed spinal surgery syndrome. He has been through multiple treatments including injections. The patient needed these medications because he will continue to hurt with spinal surgery syndrome. The Aciphex and Cimetidine are not given at the same time. Therefore, Neurontin, Cyclobenzaprin, Cimetidine, Aciphex, Celebrex, Oxycontin, Senna-S and Hydroxyzine medications for 03/19/03 were medically necessary for this patient's condition.

Sincerely,