

MDR Tracking Number: M5-04-2207-01

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 3-18-04.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the dates of service in dispute. The Commission received the medical dispute resolution request on 3/18/04, therefore the following dates of service are not timely: 10/22/02 through 2/24/03.

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 Amitriptyline, Celebrex, and Neurontin dispensed from 3/21/03 through 7/9/03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

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 3/21/03 through 7/9/03 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 6<sup>th</sup> day of July 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division

RLC/rlc

**REVISED 6/23/04**

May 25, 2004

IRO Certificate # 5259

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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

Documents reviewed included:

Progress notes from \_\_\_ from 3/16/2000 through 4/1/03.

Report of independent medical evaluation by \_\_\_ 3/26/02

Initial neurological evaluation of \_\_\_ 8/28/2000

Letter from \_\_\_ to \_\_\_ 8/21/2000

A female who reported injury at work on \_\_\_ at 45 years of age. According to \_\_\_ report \_\_\_ had begun having some symptoms in \_\_\_ after arthroscopic acromioplasties in both upper extremities. She developed onset of upper extremity symptoms of pain in both hands, left greater than right, in 1995. These progressed proximally in both upper extremities and extended into both lower extremities. Pain has persisted since that time.

REQUESTED SERVICE (S)

Amitriptyline, Celebrex, Neurontin,

## DECISION

Approved

## RATIONALE/BASIS FOR DECISION

After extensive review of all records submitted, it appears that this chronic pain syndrome must indeed represent a complex regional pain syndrome. It is, indeed, somewhat atypical. The main differential consideration would be rheumatological or neurological. Neither diagnosis has been at all forthcoming over the last nine to eleven years whether onset of symptoms is dated to the work injury of \_\_\_ or some beginning of symptoms after shoulder surgeries in 1993. No collagen vascular disease has been diagnosed apparently. The neurological evaluation did not reveal any diagnosis of small fiber peripheral neuropathy which could be another differential consideration. The trophic changes in the upper extremities would, hence, be most compatible with traumatic complex regional pain syndrome. Finally, this injury has apparently already been found compensable in 2000 at a Contested Case Hearing.

Amitriptyline, Celebrex, and Neurontin are relatively safe, conservative and non-addicting and, since they have already been documented to provide the patient some roughly 70% benefit, are very reasonable to continue.