

**MDR Tracking Number: M5-04-2264-01**

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 3-23-04.

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 \$650.00** 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.

The prescription medication Wellbutrin, Topomax and Trazadone on 3-24-03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 6-22-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The prescriptions Wellbutrin, Topamax, Trazodone, Alprazolam from dates of service 4-21-03 through 7-17-03 were denied by the carrier with F. Since the carrier did not provide a valid basis for the denial of this service, these services will be reviewed in accordance with Rule 134.202.

The Pharmaceutical Fee Guideline formula that is found in Rule 134.503(a)(2)(B) will be used to determine the MAR. Recommend reimbursement is as follows:

- Wellbutrin - 4-21-03 - **Recommend reimbursement of \$135.55.**
- Topamax - 4-21-03, 6-17-03, 7-17-03 - **Recommend reimbursement of \$313.25.**
- Trazodone - 4-21-03, 6-17-03, 7-17-03 - **Recommend reimbursement of 89.58.**
- Alprazolam - 4-21-03 - **Recommend reimbursement of \$46.36.**

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)).

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 4-21-03 through 7-17-03 as outlined above in this dispute.

This Decision and Order is hereby issued this 26<sup>th</sup> day of October, 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division  
DA/da

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**NOTICE OF INDEPENDENT REVIEW DECISION**

June 16, 2004

**Re: IRO Case # M5-04-2264**

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is a Board certified in Neurological Surgery, and

who

has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

#### Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Medical necessity review 8/5/02
4. IME report 12/31/97
5. Surgeon evaluation reports 9/99 – May 01
6. Pain management notes 3/24/03, 4/21/03
7. Lumbar CT scan report 9/10/01

#### History

The patient is a 42-year-old female who was injured in \_\_\_ when she was lifting boxes and developed low back pain. Despite physical therapy, medications and epidural steroid injections, the patient's pain remained, with continued discomfort in the low back, with some pain into the right hip and the right lower extremity. It was noted that she was depressed, and also that she was morbidly obese. The patient continued to require medications, and there is nothing that would indicate a more definitive treatment, such as surgery.

#### Requested Service(s)

Wellbutrin, Topomax, Trazadone 3/24/03

#### Decision

I disagree with the carrier's decision to deny the requested medications.

#### Rationale

The patient's smoking is possibly interfering with her neuropathic pain pattern, and the use of Wellbutrin is a means of attempting to cease smoking. Topomax is an anti epileptic medication that is also used to treat neuropathic pain, such as that which is probably contributing to the patient's discomfort. Use of an antidepressant, such as Trazadone, is not unusual for help with sleeping along with its antidepressant effect. This can be helpful in pain situations.

This medical necessity decision by an Independent Review Organization is deemed to be a

Commission decision and order.