

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER: 453-04-8918.M5

MDR Tracking Number: M5-04-2539-01

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 April 13, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the pharmacy and Lidocaine were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 04-18-03 through 12-08-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 8th day of July 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

June 14, 2004

MDR #: M5-04-2539-01
IRO Certificate No.: 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in the area of Pain Management and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: correspondence.

Information provided by Treating Doctor: office notes, physical therapy notes, FCE, nerve conduction study, operative and radiology reports and designated doctor report.

Clinical History:

This claimant was injured on ____. There was no actual injury or trauma, only progressive pain, tingling, and numbness in both wrists and arms. The claimant had a cervical MRI that demonstrated multilevel degenerative disc disease, as well as electrodiagnostic studies that demonstrated bilateral carpal tunnel syndrome. She was treated conservatively with electrical stimulation therapy for 24 sessions from 11/17/03 through 2/26/04. She also underwent right carpal tunnel release on 10/9/03, followed by left carpal tunnel repair on 12/23/03. She continues to complain of bilateral hand, neck, and upper extremity pain despite ongoing medication use. She has undergone extensive amounts of physical therapy as well as multiple trigger points to the trapezius muscles.

Disputed Services:

Pharmacy and lidocaine during the period of 04/18/03 through 12/08/03

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the medications in dispute as stated above were not medically necessary in this case.

Rationale:

For the time period in question, 4/18/03 through 12/08/03, there is no documentation of any clinical benefit from the use of the medications prescribed, nor, any documentation

of ongoing use of the medications being considered here. The only mention of the medication in question is an entry on 4/17/03 in which the claimant was to be started on "some CBK ointment t.i.d.". From that time through the present, there is no documentation as to whether the claimant continued to use the medication, and no documentation indicating any significant decrease in her pain or dysfunctional state.

The letter of medical necessity dated 5/24/04, states that the compounded medications consisted of clonidine "for muscle or joint pain", gabapentin "for joint stiffness/swelling", Catamine "fast-acting anesthetic producing an anesthetic state characterized by a normal or slightly enhanced skeletal muscle tone", and lidocaine 2% "works to increase the electrical stimulation threshold".

It should be noted that clonidine has no medical indication for muscle or joint pain, nor any action on muscle or joints. Gabapentin, an epileptic drug, is not medically indicated for the treatment of stiffness or swelling nor any mechanism of action that would affect joint characteristics. Catamine does not produce enhanced skeletal muscle tone, nor would such an action provide any pain relief for a claimant complaining of bilateral upper extremity pain. Although lidocaine does increase the electrical stimulation threshold, there is no indication for the use of lidocaine cream for treatment of bilateral upper extremity pain, cervical degenerative disc disease, or S/P carpal tunnel syndrome.

The treating doctor also states that the concoction contains aloe vera "used to relieve pain and inflammation in muscles", again an unproven assertion with no valid medical support.

Therefore, since there is no documentation of the medication being used for the time period in question, clearly no clinical benefit is documented for the time period in question, and no valid medical indication for any of the ingredients of the gel concoction prescribed, there is, in fact, no medical reason or necessity for the medications in question for the time period from 4/18 through 12/8/03.