THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER: 453-05-0125.M5

MDR Tracking Number: M5-04-2548-01

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 4-13-04.

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 medication Tramadol dispensed on 5/02/03 **was found** to be medically necessary. The prescription medications Theragesic, Orphenadrine, Bextra, and Nexium DR dispensed from 4/17/03 through 6/30/03 **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 date of service 5/02/03 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 28th day of June 2004.

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

June 7, 2004

MDR Tracking #: M5-04-2548-01
IRO #: 5284

___has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Neurology. The ___health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ suffers from chronic low back pain. He had been employed by ___, Inc. In 1993 he had a L4-L5 posterior lumbar interbody fusion. His past medical history was significant for COPD, GERD, osteoarthritis, gout and hypertension. His past surgical history was remarkable for a left rotator cuff repair, two level cervical fusion, tonsillectomy and adenoidectomy. He was injured at work on ___ after slipping on antifreeze, landing on his buttocks and developed worsening back pain and bilateral lower extremity pain. A lumbar myelogram and post myelographic CT revealed a solid fusion at L4-L5 with spondylolisthesis at L3-L4 and L5-S1. A discogram was positive at L5-S1. After his injury on ___ he was treated with analgesic medications, physical therapy, epidural steroids, and facet injections. Due to failure to improve with conservative treatment, on 6-19-1997, he underwent bilateral L5-S1 decompressive hemilaminectomies, left and right L5-S1 foraminotomies, posterior lumbar interbody fusion at L5-S1 with autograft bone, instrumentation and placement of cages. The second back surgery was performed by ___, MD, a neurosurgeon.

After surgery, ___ continued to complain of persistent, severe back pain. He was treated with a variety of modalities including physical therapy, chiropractic manipulations, TENS unit, lumbar epidural steroid injections, facet injections, Botox injections, trigger point injections and oral medications including Medrol, Skelaxin, Vioxx, Zanaflex, Topamax, Zoloft, Neurontin, Theragesic, Tramadol, Omeprazole, Nexium and Orphenadrine. None of these treatments has provided long lasting relief. Electrodiagnostic studies performed on 7-13-2000 by ___ demonstrated a left L5 radiculopathy and bilateral S1 radiculopathies.

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of Theragesic, Tramadol, Orphenadrine, Bextra and Nexium.

DECISION

The reviewer agrees with the previous adverse determination regarding the Theragesic, Orphenadrine, Bextra and Nexium. However, the reviewer disagrees with the previous adverse determination regarding the Tramadol.

BASIS FOR THE DECISION

___ has had extensive treatments for his chronic pain with no indication of sustained benefit. The continued long term use of muscle relaxers (Orphenadrine) in not supported based upon evidence based reviews. Muscle relaxers may be beneficial for relieving acute pain; however, effectiveness tends to decrease over time. Also, combination of a muscle relaxer and an NSAID has not been shown to offer additional pain reduction. Since long-term NSAID use in chronic low back pain is not supported, use of Nexium to counteract NSAID-related dyspepsia is not medically necessary as it relates to this injury. Use of Tramadol is supported, based on one randomized, controlled trial demonstrating benefit over placebo.

___has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, Inc, dba ___, I certify that there is no known conflict between the reviewer, ___and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,