

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 04-19-04.

The Medical Review 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 Hydrocodone and Carisoprodol for 12-03-03 through 02-10-04 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for date of service 12-03-03 through 12-31-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 29th day of July 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 28, 2004

AMENDED DECISION

MDR Tracking #: M5-04-2606-01

IRO Certificate #: 5242

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

___ has performed an independent review of the proposed 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 an Anesthesiologist/Pain Management reviewer (who is board certified in Anesthesiology/Pain Management) who has an ADL certification. The 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.

Submitted by Requester:

- Independent Medical Examination by ___ dated 6/19/03

Submitted by Respondent:

- MRI scans of the lumbar spine, 5/23/02 and 9/30/02
- EMG/NCV study performed by ___ dated 5/2/02
- Multiple office notes from ___ from 6/29/00-6/25/04
- Office notes from ___ dated 11/7/02 and 9/8/00
- Chiropractic physical therapy notes covering two weeks in December 2003
- Functional capacity examination performed 1/21/02

Clinical History

The claimant states he injured his back while carrying a 300-pound valve. MRI showed a disc herniation at L4-5. EMG/NCV study was suggestive of bilateral S1 radiculopathies. The patient underwent a lumbar hemi-laminectomy and discectomy on the left side at L4-5 by ___. He continued with significant pain complaints, had a repeat MRI scan which did show normal levels at L1-2, L2-3 and L3-4. L4-5 showed moderate bilateral facet arthrosis. A left hemi-laminectomy and partial facetectomy. There was a small amount of scar tissue surrounding the left L5 root and this tissue did abut the left L4 root. The right sided nerve roots were unaffected. There was a left 3-4 mm disc protrusion. At the L5-S1 level there was a cystic lesion off the facet, no impingement, and moderate facet arthropathy bilaterally, but the disc was intact. The patient was evaluated again by ___ following the MRI who felt that he had an L4-5 instability and recommended fusion at this level. The patient was reluctant to undergo fusion and so continued with conservative care through ___. At the most recent note, the patient complained of back and bilateral leg pain and was on Vicodin ES 3 times a day, Soma twice a day and Arthrotec twice a day. On these medications, he rated his pain at a 9/10 in June of 2004 on the 25th. On April 27, 2004, the patient rated his pain at an 8/10 and was claiming to have difficulty sleeping because of his continued pain complaints.

Requested Service(s)

Hydrocodone, 750 mg, and Carisoprodol, 350 mg. for 12/3/03 -2/10/04

Decision

I do not feel these medications were medically reasonable or necessary.

Rationale/Basis for Decision

Although the patient still suffers from pain associated with his worker's compensation injury, the notes provided by ___ do not show any documented efficacy for the use of these medicines. The patient's pain score is still rated an 8-9 on a 1-10 scale, thereby showing no efficacy for decreasing his pain. He has not returned to work even though a functional capacity examination showed capability of a light work or possibly sedentary work; therefore, the medications have not increased his function or activity tolerance. Because there is no documented evidence of decreased symptoms or improved functioning, these medications are ineffective and their continued use is thereby not medically reasonable or necessary.