

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER: 453-04-8234.M5

MDR Tracking Number: M5-04-2615-01

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 04-20-04.

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 medications Celexa, Ambien, Carisprodol, Hydro/apap, and Coats aloe liniment 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 Medical Review Division has determined that these 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 dates of service from 04-22-03 through 04-24-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12th day of July 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
GR/gr

June 14, 2004

MDR #: M5-04-2615-01
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 ___ and 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

Anesthesiology and 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: letter of medical necessity.

Information provided by Respondent: correspondence and designated doctor reports.

Clinical History:

This claimant was injured at work on ____ and subsequently underwent a trial of conservative treatment, which did not provide significant relief. She was sent to an orthopedic surgeon who, on 11/2/99, performed lumbar laminectomy and discectomy at the L5-S1 level, bilateral fusion at L5-S1, and posterior segmental instrumentation at L5-S1 with insertion of a bone growing stimulator. The claimant subsequently had x-rays demonstrating progression of the fusion.

She continued follow-up with the surgeon, complaining of increasing lumbar pain and numbness into the left leg. The surgeon recommended removal of the hardware instrumentation and scheduled this procedure for 6/8/01. The claimant, however, did not show up for the procedure. The claimant also failed to show up for a required medical evaluation following that. For the time period in question, the claimant was prescribed Celexa 20 mg q. day, Ambien 10 mg q. day, carisoprodol 350 mg b.i.d., hydrocodone 7.5 mg b.i.d., and Coats Aloe Liniment. The treating surgeon, in his letter of 10/13/03, stated that the claimant was being prescribed hydrocodone to relieve moderate to severe pain, carisoprodol for relief of painful spasms, Ambien to relieve sleep disturbance, Celexa to manage pain and depression, and Liniment to relief symptoms of pain and spasms due to acute musculoskeletal conditions.

Disputed Services:

Medications Celexa 20 mg., Ambien 10 mg, carisoprodol 350 mg., hydro/apap 7.6/325mg., and Coats aloe liniment during the period of 04/22/03 through 04/24/03.

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:

There is no medical documentation in the records provided for review of clinical efficacy for any of the medications being prescribed to this claimant during the time period in question, nor of any physical examination findings to justify the stipulated reasons for prescribing these medications as documented by the surgeon in the letter of medical necessity. Specifically, there is no documentation of the claimant having any painful spasms, sleep disturbance, depression, or "acute musculoskeletal conditions". There is no documentation of improved functional status or pain relief from the use of these medications.

According to the Texas State Board of Medical Examiners Guidelines regarding the use of opiates, it is only medically appropriate to prescribe opiates (such as hydrocodone) when there is clear documentation of a treatment plan, progress notes documenting

progress within that treatment plan, and evidence of functional improvement.

Clearly, none of these criteria have been met in this case. Moreover, hydrocodone and carisoprodol are both highly addictive substances, which pose significant risk to the claimant regarding physical and/or psychological dependence and even addiction. There is no valid medical evidence to support a diagnosis of depression and no documentation regarding a sleep disturbance. Finally, the claimant clearly does not have an "acute" condition.

Therefore, since there is no valid medical documentation of the conditions for which these medications are being described, no medical documentation of efficacy of their use, and significant potential risk to the claimant in the continuation of these medications, there is no medical reason or necessity for their use during the time period in question.