

MDR Tracking Number: M5-04-2639-01

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 04-22-04.

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.

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 prescriptions for Alprazolam and Hydrocodone/APAP were 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 dates of service 04-23-03 through 11-18-03 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 Order is hereby issued this 5th day of July 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh

Enclosure: IRO decision

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-04-2639-01
Name of Patient:	
Name of URA/Payer:	VONO
Name of Provider: (ER, Hospital, or Other Facility)	VONO
Name of Physician: (Treating or Requesting)	A.J. Morris, MD

June 15, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in neurology. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: Texas Workers Compensation Commission

#### CLINICAL HISTORY

Records Reviewed: MRI right shoulder and MRI right wrist 4/7/99, CT of lumbar spine with sagittal reconstructions 9/29/98, Retrospective Review 4/19/03 William R. Culver, MD, multiple follow-up medical reports and evaluations from Industrial Medial Associates, A.J. Morris, MD, Independent Medical Evaluation 2/22/99 Jim W. Czewski, DO, Neurosurgical evaluation 6/8/99 Carlos Acosta, MD.

Mr. \_\_\_ was injured at 30 years of age when standing up after cleaning the rims of car tires while working as a car detailer. When he stood up he felt a pop in his back. He subsequently injured his right wrist and shoulder lifting weights in physical therapy evaluation. He has undergone extensive physical therapy programs. MRI scan of the lumbar spine of 1/14/99 was not submitted, but, according to Dr. Acosta, demonstrated herniated nucleus pulposus at the L4-5 level and herniated nucleus pulposus at the L5-S1 level slightly to the right. Lumbar CT scan reported moderated size three to four mm broad posterior disc herniation at L4-5.

#### REQUESTED SERVICE(S)

Alprazolam and Hydrocodone/APAP.

#### DECISION

Approved.

#### RATIONALE/BASIS FOR DECISION

After extensive physical therapy and work hardening, the patient, according to a letter from Dr. Morris of 10/16/03, continues to experience overall pain at a level of 7/10 (VAS) on medication. The patient, because of this medicine, has been able to return to work. The Alprazolam is apparently being used just as a soporific. Although these medications are potentially addicting and potentially dangerous; when administered under a properly monitored medical regimen, these can be efficacious for a chronic pain syndrome. Dr. Morris has documented that these medications have been affording the patient enough relief to return to full duty work status. These medications would then seem to be a reasonable treatment to help the patient maintain active work status.