

MDR Tracking Number: M5-04-2681-01

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 2-02-04.

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 prescription medications Alprazolam, Celebrex, Bupropion, Wellbutrin, Propo-N/APAP, and Propoxyphene dispensed from 7/31/03 through 12/1/03 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, the request for reimbursement for dates of service 7/31/03 through 12/1/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 14th day of July 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 1, 2004

RE:

MDR Tracking #: M5-04-2681-01

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:

- MRI of the lumbar spine dated 1/18/96
- MRI of the lumbar spine dated 12/8/94
- CT/myelogram of the lumbar spine dated 1/6/95
- Plain films of the lumbar spine dated 1/18/96
- Plain films of the lumbar spine dated 3/26/96
- CT of the lumbar spine dated 11/22/94
- CT of sacroiliac joints dated 11/22/94
- Discogram with follow-up CT of the lumbar spine dated 3/26/96
- Abdominal ultrasound dated 3/9/95
- EMG/NCV study dated 9/14/02
- EMG/NCV study dated 10/8/98
- Office notes from _____ dated 1/14/97-12/30/03
- Office notes from _____ dated 2/17/00-4/27/00, 9/20/01-11/9/01
- Office notes from _____ dated 5/6/99
- Office notes from _____ dated 7/9/97-8/28/97
- Office notes from _____ which include facet blocks dated 3/1/96
- Office notes from _____ on 1/30/94
- Office notes from _____ dated 1/31/97-9/23/97
- Required medical examination by _____ dated 6/23/98
- Functional capacity examination at _____ dated 4/17/95
- Physical therapy notes from _____ dated 12/15/94-4/7/95
- Chiropractic evaluation from _____ dated 11/15/94
- Peer review by _____ dated 7/10/03
- Utilization review services by _____ dated 4/10/03
- Pharmacy records from _____ dated 7/03-12/03
- Functional capacity examination dated 12/8/98
- Submitted by patient, multiple letters
- Report of discogram dated 3/26/96
- Letters from _____
- Active medical improvement examination by _____ dated 6/27/95

Submitted by Respondent:

- Plain films of the lumbar spine dated 3/26/96
- Lumbar CT/discogram 3/26/96
- Office notes from _____ from 11/15/94-12/1/03
- Office notes from Dr. E from 2/17/00-4/27/00 and 10/18/01-11/9/01
- Chiropractic notes from ___ Center from 10/01-11/01

Clinical History

The claimant states he injured his back on ___ while lifting while at work. The patient has seen multiple physicians, has had multiple imaging studies including MRI/CT scanning, plain films, myelogram, and discography, most showing significant degenerative changes at the L4-5 and L5-S1 levels. No significant disc herniation, foraminal narrowing or central canal stenosis has been identified at any level. The claimant suffers from several other medical problems unrelated to his injury including diabetes, congestive heart failure, gastritis, angina, severe depression and obesity. The patient has had multiple injections, several physical therapy sessions, been through work conditioning and has also been through chronic pain programs with behavioral psychological intervention. The patient continues to work despite functional capacity examinations several times saying he is capable of light work. There are several notes stating that the patient is totally disabled. These notes pertain more to his coronary comorbid diagnosis than to his worker's comp injury diagnoses. There are two recent reviews, first by _____ in July of 2003 where he states the medications currently prescribed are not medically necessary. A utilization review service by _____ in April of 2003 also comes to the conclusion that medications are not related to the reported injury. The most recent notes from _____ gives the patient the diagnoses of a failed back syndrome, lumbar radiculopathy due to intervertebral disc disruption including herniated nucleus pulposus at L5-S1 and depression and anxiety.

Requested Service(s)

The use of prescription medications Alprazolam, Propoxyphene, Bupropion, Celebrex, Wellbutrin, Propo-N/APAP from 7/31/03-12/1/03.

Decision

The medications that are being prescribed are not medically reasonable or necessary.

Rationale/Basis for Decision

_____ states that the patient suffers from depression and anxiety due to his chronic pain, which is related to his worker's compensation injury. The claimant has had multiple psychological examinations. He has been diagnosed most recently with a major depressive disorder, which is not related to his worker's compensation injury and more likely related to his significant comorbid state. Therefore, any use of anti-depressant, anti-anxiety medication such as Alprazolam, Bupropion or Wellbutrin would not be medically related to his worker's compensation injury. Also, there is no documented efficacy for the use of pain medications and anti-inflammatories such as the Propoxyphene and the Celebrex. Also, the patient's extensive work-up points more toward degenerative changes of the lumbar spine than to acute injury from the actual injury date. Therefore, current medications are being used to treat a degenerative process, which is not due to injury.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier,

and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 1st day of July 2004.