

MDR Tracking Number: M5-04-2773-01

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 8-15-03.

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 Hydrocodone and Ambien 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 dates of service 7/1/03 through 8/04/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17th day of June 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:
MDR Tracking Number: M5-04-2773-01
Name of Patient:
Name of URA/Payer:
Name of Provider: (ER, Hospital, or Other Facility)
Name of Physician: (Treating or Requesting)

May 24, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in family practice. 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,

CLINICAL HISTORY

41 pages of records were submitted for review consisting of TWCC forms, pharmacy receipts, a medical records review by Dr. C, progress notes from Dr. B from 12/5/02 through 2/6/04. No detailed information is given concerning the original injury on 9/13/95 and the initial evaluation, treatment, and progress.

Apparently after his injury, ___ was treated with medications, physical therapy, light duty, multiple epidural steroid injections, facet injections, rhizotomies, and a referral for work hardening which the patient allegedly declined on 11/6/95. Also, the documents reflect this patient has a history of alcohol abuse and possible pancreatitis.

REQUESTED SERVICE(S)

Continued prescriptions for Ambien and Hydrocodone.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

The submitted records do not substantiate the continued use of these medications over seven years out from his original injury. Hydrocodone is a narcotic with a significant potential for tolerance, dependence, and addiction. There is not sufficient documentation that non-narcotic alternatives were given an adequate trial so the hydrocodone could be discontinued. Also, the patient's history of alcohol abuse is another significant reason to discontinue the hydrocodone use. In fact,- Dr. C's letter on 2/17/03 recommends a weaning period to discontinue this patient's narcotic use.

Concerning the use of Ambien, many physicians use this agent to assist sleep in pain patients. However, the standard of care and accepted peer-review literature and guidelines recommend its use on a short term basis only. Typically, other treatment modalities such as sleep hygiene, adequate pain control, exercise, weight loss, and discontinuing alcohol would be attempted prior to a chronic pain patient receiving long term treatment with a hypnotic drug. Also of concern is the patient's history of alcohol abuse. Although Ambien is not as addicting as hydrocodone, the potential for tolerance, dependence, and addiction does exist. For the above reasons, both medications are denied.