MDR Tracking Number: M5-04-3213-01

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 5-24-04. .

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** 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.

The IRO has determined that the prescription medications Effexor XR, Lamictal, Adderall, Ambien, Adderall XR, and Diltiazem that were denied with "V" and dispensed from 11/13/03 through 3/02/04 were medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On August 31, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

- The prescription medications Lamictal, Ambien, and Diltiazem dispensed on 3/1/04 and 3/2/04 were denied by the carrier. Review of the requester's and respondent's documentation revealed that neither party submitted copies of EOB's, however, review of the documents in file reflected proof of billing in accordance with Rule 133.308 (f)(3). The disputed medications will be reviewed according to the fee guidelines. Reimbursement is recommended in the amount of $**382.30**.

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 TWCC reimbursement methodology for pharmaceutical services for dates of service after August 1,

2003 per Commission Rule 134.503 (a) 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 11/13/03 through 3/02/04 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 Decision and Order is hereby issued this 1st day of November 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

Envoy Medical Systems, LP

1726 Cricket Hollow
Austin, Texas 78758

Ph. 512/248-9020 **Fax 512/491-5145**
IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 6, 2004

Re: IRO Case # M5-04-3213 amended 9/10/04

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Psychiatry, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the

Approved Doctor List. He or she has signed a certification statement attesting 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 referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Explanation of benefits
3. Letter 4/7/04
4. Psychiatrist notes 11/20/03, 1/5/04
5. Letter 6/21/04
6. Letter 5/13/03

History

The patient is a 45-year-old female who suffered a head injury in ___, with subsequent post concussive syndrome complicated by depressive, somatic and cognitive symptoms persisting to this day. The patient has had significant benefit from a longstanding prescription of multiple psychiatric medications. The medications do not provide full recovery, but improve her attention, concentration and mood disturbance. The patient's psychiatric medication costs apparently have been denied. It is unclear exactly what psychiatric treatment Workers' Compensation has covered or denied, or if it was denied why it was denied. Multiple physicians have stated that these medications and psychiatric treatment are medically necessary. There seems to be some dispute regarding whether the patient's long-term need for psychiatric treatment should be attributed to her original head injury. Two physicians stated that concussions tend to completely resolve within 18 months. A recent review states that the patient has responded to her psychiatric medications, but that it would be appropriate to attempt to reduce the medications. The patient's treating psychiatrist states that any change in her medications would put her at significant relapse risk.

Requested Service(s)

Effexor xr, Lamictal, Adderall, Ambien, Adderall xr, Diltiazem 11/13/03 – 3/2/04

Decision

I disagree with the carrier's decision to deny the requested medications.

Rationale

The patient's need for the disputed medications is clear. These medications are medically necessary due to her significant emotional and cognitive symptoms.

It is impossible to know to what degree her psychiatric condition was caused by the

> patient's head injury. Psychiatric disorders (especially depression) can be directly caused by head injuries and can persist indefinitely. I disagree with the statement that implies psychiatric problems can never be attributed to distant head injuries. I also disagree that it would be appropriate to risk relapse of depression or mood/cognitive disturbance by reducing or withdrawing the patient's medications.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.