MDR Tracking Number: M5-04-3341-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 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. This dispute was received on 06-02-04.

The IRO reviewed medical necessity of commode chair, EBI ICE mobile fixed arms, aloe lotion liniment cream gel, Xylocaine, Zoloft and Gabitril rendered from 06-02-03 through 11-07-03 that were denied based "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the **majority** of issues of medical necessity. The IRO determined that Zoloft and Gabitril **were** medically necessary. The IRO determined that the durable medical equipment and topical agents including aloe, liniment and Xylocaine **were not** medically necessary. The respondent raised no other reasons for denying reimbursement for EBI ICE mobile fixed arms, commode chair, aloe lotion liniment cream gel, Xylocaine, Zoloft and Gabitril. Consequently,the requestor is not owed a refund of the paid IRO fee.

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 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 07-14-04, 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.

HCPCS code E1399 (Opsite wound closure, wound Dress Primapor, sterile gauze and surgical tape) for date of service 06-02-03 denied with F denial code. The requestor submitted relevant information to support delivery of service. Reimbursement is recommended in the amount of $262.51 ($135.04 Opsite wound closure, $116.76 wound Dress Primapor, $5.20 sterile gauze, $5.52 surgical tape) per the 1996 Medical Fee Guideline DME GRVIII.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 06-02-03 through 11-07-03 in this dispute.

This Findings and Decision and Order are hereby issued this 27th day of September 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

August 17, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-04-3341-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Osteopathy board certified in Anesthesiology and specialized in Chronic Pain Management. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

On ___, ___ incurred a work-related injury to the lumbar spine. Low back pain and associated right radicular pain complaints ensued. Apparently conservative measures including chiropractic care and epidural steroid injections did not provide substantial relief. This patient went on to have

L5/S1 decompression and fusion on June 3, 2003. Durable medical equipment, topical agents and medications were prescribed post-surgery and are the subject of this review.

DISPUTED SERVICES

Under dispute is the medical necessity of a commode chair, EBI ICE mobile fixed arms, aloe lotion liniment cream gel, xylocaine, Zoloft and Gabitril.

DECISION

The reviewer agrees with the prior adverse determination regarding the durable medical equipment and topical agents including aloe, liniment and xylocaine.

The reviewer disagrees with the prior adverse determination regarding Zoloft and Gabitril.

BASIS FOR THE DECISION

In addition, topical agents including aloe, liniment and xylocaine typically offer no significant advantages in the post-operative phase of recovery.

Durable medical equipment is not typically employed post-surgically, and the materials provided for review offered no validation for the need of the durable medical equipment that is disputed in this case. Similarly, special need for topical agents was not adequately addressed, and such preparations are not necessary in the post-surgical phase.

Zoloft and Gabitril are reasonable for treatment of chronic pain associated with depressive issues and neuropathic pain. SSRI's have been demonstrated effective in treating depression and as an adjuvant along with neuromodulatory drugs (Gabitril) in the treatment of chronic pain. Such combinations therapy typically allows for lower dosing of each medication employed, including narcotic analgesics, thereby reducing side effect profile.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,