

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER: 453-05-4389.M5

MDR Tracking Number: M5-04-3356-01

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 6-3-04.

Date of service 5-3-04 was withdrawn by the Requestor on 1-19-05.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity.

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 Vicodin ES from 8-24-03 through 4-2-04 was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees

- in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c);

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 8-24-03 through 4-2-04 as outlined above 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 26th day of January, 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

NOTICE OF INDEPENDENT REVIEW DECISION

August 13, 2004

Amended Letter 01/19/05

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-04-3356-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered 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 a TMF physician reviewer who is board certified in physical medicine and rehabilitation which is the same specialty as the treating physician, provides health care to injured workers, and licensed by the Texas State Board of Medical Examiners in 1981. The TMF physician 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 TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 47 year-old female injured her hip and lower back on ___ when she slipped and fell, resulting in chronic pain in the back, hip, neck, and shoulders. She has been treated with chiropractic modalities, physical therapy, trigger point injections, and massage therapy. She has been using Vicodin on a continuous daily basis since the date of her injury for chronic pain.

Requested Service(s)

Prescriptions for Vicodin ES for dates of service 08/24/03 through 04/02/04

Decision

It is determined that the continued use of Vicodin ES from 08/24/03 through 04/02/04 was medically necessary for the treatment of this patient's medical condition.

Rationale/Basis for Decision

This patient has been appropriately treated non-surgically, including the use of physical therapy, manipulations, and injections. She has returned to full time work at the post office. The patient continues at this level with pain relief from Flexaril at bedtime and Vicodin three times a day, and the medication usage has been stable with no escalations for several years. The use of low-dose narcotics for chronic non-malignant pain is an acceptable treatment plan for certain patients and the patient is not exhibiting any addictive behaviors. Therefore, it is determine that the continued use of Vicodin ES from 08/24/03 through 04/02/04 was medical necessity for the treatment of this patient's medical condition.

Sincerely,

Attachment

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M5-04-3356-01

Information Submitted by Requestor:

Information Submitted by Respondent:

- Response to IRO records request/Background information
- Initial report of injury
- Required Medical Evaluation 1/6/98, 5/11/98, 3/12/03
- Peer Review 8/26/02
- Office notes 9/15/97-5/20/03
- Functional Capacity Evaluation 2/12/98
- Work Hardening note