

MDR Tracking Number: M5-04-3394-01

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 (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 January 26, 2004.

The employee did not comply with Commission Rules 133.307 (F) (1 - 3), by not submitting a copy of the receipt for item in dispute on 07-03-03 therefore, is not a valid item for the dispute resolution process. Also, date of service 02-13-03 was paid according to the table of disputed services therefore, was not considered in the review.

The 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 Hydrocodone, Valium and Vicodin **were not** medically necessary.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 04-15-03 to 05-15-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 2nd day of September 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

August 9, 2004

David Martinez
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-3394-01
IRO #: 5284

Specialty IRO 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 Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Medical Doctor with a specialty in Neurology. The Specialty IRO 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 Specialty IRO 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

___ suffered a work-related injury on ___. He was working for an auto glass company and was attempting to stop a windshield from falling when it struck him on the head. He did not lose consciousness. He developed headaches, disorientation, and a spacey and forgetful feeling. He had no vomiting or visual problems. He presented to Dr. R who diagnosed him with concussion. Dr. B's impression of ___ was that he "does not appear to have a surgical disease" and recommended Hydrocodone. ___ presented to Dr. N, a neurologist, who noted that the patient was already taking Vicodin and Stadol. ___ was using Stadol nasal spray when the Vicodin was ineffective. Dr. N continued to see the patient on a monthly basis and continued to prescribe Vicodin, Stadol, Motrin and Valium.

A peer review performed by Dr. C, a psychiatrist, indicated that monthly doctor visits were not reasonable or necessary and that some or all of the medications prescribed were not reasonable or necessary. In particular, Dr. C indicated that Vicodin ES, Valium, Celebrex and Motrin were not reasonable or medically necessary. He also noted that the patient should be on either Celebrex or Motrin as two anti-inflammatories are not recommended. Stadol and Ambien were thought to be medically necessary. A second peer review performed by Dr. S indicated that the patient's symptoms could be managed with over-the-counter medications and that he did not need to continue prescription drugs. Dr. S also indicated that the patient did not need any further treatment.

___ was videotaped performing landscaping activities such as carrying 25 pound bags of peat moss, climbing a ladder and weed eating and did not appear to be in any physical distress. An FCE performed on 2-14-1996 indicated that the patient met all maximum sedentary level DOL requirements and met all light sedentary DOL requirements.

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of prescriptions for Hydrocodone, Valium and Vicodin from 4-15-2003 through 5-15-2003.

DECISION

The reviewer agrees with the previous adverse determination regarding all medications.

BASIS FOR THE DECISION

The continued use of narcotic pain medications and chronic Benzodiazepine administration is of no benefit in the management of chronic post-traumatic headaches. There is extensive literature concerning the possibility of analgesic rebound headaches as a result of continuous use of narcotic substances. Also the continued use of Benzodiazepine medications would offer nothing in the way of pain relief for this patient. These medications may be interfering with the patient's cognitive status although none of this is commented on in the most recent neuropsychological assessment. There is no mention made in Dr. N reports about the possibility of chronic analgesic rebound headaches.

Assessment of the videotape surveillance would indicate that ___ is capable of maintaining a fairly vigorous physically active lifestyle. This would not be commensurate with a patient who reports severe daily headaches to the point that he is not capable of working.

Multiple previous file reviews have suggested that continued use of narcotic pain medications and Benzodiazepines are of no benefit in this individual with prolonged symptoms.

References

Clinical practice guidelines for chronic non-malignant pain syndromes II: an evidence based approach, 1999. *J Back Musculoskeletal Rehabil* Jan 1 (13): 47-58.

The database of abstracts of reviews of effectiveness (University of York), Database No.: DARE_990346. In: Cochrane Library, Issue 4, 2000. Oxford: Update Software.

Washington State Department of Labor and Industries. 2002. Guidelines for outpatient prescription of oral opioids for injured workers with chronic, non-cancer pain.

Zed, P.J., P.S. Loewen, G. Robinson. 1999. Medication-induced headache: Overview and systematic review of therapeutic approaches. *Neurology* (33): 61-72.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

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

Sincerely,