

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-05-0541.M5

MDR Tracking Number: M5-04-3431-01

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 06-08-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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 Vioxx, Hydrocodone/APAP, Lexapro and Promethazine **were** found to be medically necessary. The Carisoprodol and Amerge **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for Vioxx, Carisoprodol, Hydrocodone/APAP, Lexapro and Amerge.

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 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 Order is applicable to dates of service 06-10-03 through 07-07-03 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 Findings and Decision and Order are hereby issued this 19th day of August 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

MEDICAL REVIEW OF TEXAS
[IRO #5259]
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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-04-3431-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	

August 12, 2004

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

Records reviewed included:

- Table of disputed serves and explanation of review;
- History and physical and multiple follow-up notes from Dr. R;
- EMG/NCV 10/2/00-Dr. W:
- Multiple follow-up notes and procedure notes-Dr. S; and
- Response letter from ___ from Flahive, Ogden & Latson, Attorneys at Law-7/23/04.

This is a 33-year-old woman who injured her neck and low back when in an extension position in the spine attempting to move a two wheel dolly on _____. Constant neck and back pain since that time. Status post bilateral L5 hemilaminectomy with L5-S1 facetectomy 10/17/1997. Status post C7-T1 ACDF 4/14/00. Status post bilateral upper extremity EMG/NCV 10/2/00, normal. Persistent unremitting pain despite surgeries. Status post epidural steroids and trigger point injections and occipital nerve blocks with relief.

REQUESTED SERVICE(S)

Vioxx, Carisoprodol, hydrocodone/APAP, Lexapro, Amerge, Promethazine.

DECISION

Approve Vioxx, hydrocodone/APAP, Lexapro, and Promethazine.

Deny Carisoprodol and Amerge.

RATIONALE/BASIS FOR DECISION

1. It is clear from the long term duration of this pain syndrome and the two (so far) failed spine surgeries and the failure of epidural steroid injections and trigger point injections and nerve blocks that the patient has a chronic pain syndrome. Symptomatic treatment with medications such as Vioxx and hydrocodone and promethazine (for the nausea from the hydrocodone) are warranted under a closely medically supervised program.
2. Carisoprodol is a very highly addictive "muscle relaxant" which is widely known as metabolized quickly to meprobamate and really has no place in long term treatment of chronic pain. This is not going to produce long term muscle relaxation or prevent spasms but rather primarily will produce cognitive/mental slowing sedation and high likelihood for an addiction. There is no indication in the records that this patient has a migraine syndrome, hence, there is no indication for Amerge or other triptans.
3. Lexapro and other "antidepressants" have long been used in management of chronic pain syndromes. Mild opioids also have long been used in chronic pain syndromes under close medical supervision.