

MDR Tracking Number: M5-04-3680-01

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 June 25, 2004.

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 Percocet from 3/2/04 through 5/14/04 was **found to be medically necessary**. The Xanax from 3/2/04 through 5/14/04 was **not found to be medically necessary**. The respondent raised no other reasons for denying reimbursement of Percocet and Xanax.

ORDER

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) 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 3/2/04 through 5/14/04 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 Order is hereby issued this 1st day of November 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

October 27, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-04-3680-01
TWCC #:
Injured Employee:
Requestor:
Respondent:
----- Case #:

----- has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ----- IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ----- for independent review in accordance with this Rule.

----- has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ----- external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in internal medicine and is familiar with the condition and treatment options at issue in this appeal. The ----- physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ----- for independent review. In addition, the ----- physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 26 year-old male who sustained a work related injury on ----- . The patient reported that while at work he injured his back due to lifting. The patient was evaluated in an emergency room following the incident was told that he had a hernia and fluid on his testicle. In December 2000 the patient underwent a hernia mesh operation. The diagnoses for this patient have included s/p inguinal herniorrhaphy, left testicle pain and derangement/pain syndrome in left Ilio-Inguinal nerve, impotence and lumbar pain. Treatment for this patient's condition has included physical therapy, chiropractic therapy, injections, surgical intervention, medications and participation in a pain management program. Current treatment for this patient's condition has included oral medications consisting of Xanax and Percocet.

Requested Services

Prescription medication for Xanax and Percocet from 3/2/04 through 5/14/04.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Follow Up Medical Report 6/18/02 - 12/11/03
2. Chronic Pain Assessment 6/10/03

Documents Submitted by Respondent:

1. Medical Record Review 2/19/04, 2/20/04
2. Peer Review 4/16/04

Decision

The Carrier's denial of authorization for the requested services is partially overturned.

Rationale/Basis for Decision

The ----- physician reviewer noted that the patient sustained a work related injury to his left groin while lifting on -----. The ----- physician reviewer indicated that the patient underwent repair of a hernia with mesh in 12/00 but continued with severe pain. The ----- physician reviewer noted that the patient had been diagnosed with ilio-inguinal nerve entrapment and is pending an evaluation by a general or urologic surgeon. The ----- physician reviewer also noted that the patient has been treated with Percocet and Xanax. The ----- physician reviewer indicated that Percocet is a short acting narcotic analgesic. The ----- physician reviewer explained that its use to control pain until definitive treatment is provided is reasonable and necessary. The ----- physician reviewer also explained that the records provided document subjective improvement in pain symptoms/scores with this medication. However, the ----- physician reviewer further explained that Xanax is not indicated in the treatment of chronic pain. Therefore, the ----- physician consultant concluded that the prescriptions for Percocet from 3/2/04 through 5/14/04 were medically necessary to treat this patient's condition. The ----- physician consultant also concluded that the prescription for Xanax from 3/2/04 through 5/14/04 were not medically necessary to treat this patient's condition.

Sincerely,