

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER: 453-05-0209.M5

MDR Tracking Number: M5-04-3840-01

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 07-07-04.

The Medical Review 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 prescription medications were not medically necessary. 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 fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from to is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 17th day of August 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

August 12, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-3840-01
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 and specialized in anesthesiology. 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

This patient was injured at work on ___ and was subsequently diagnosed with carpal tunnel syndrome and underwent multiple carpal tunnel steroid injections, as well as three surgeries consisting of right carpal tunnel release twice, left carpal tunnel release once, as well as right ulnar nerve release and release of flexor tenosynovitis, a total of five surgeries. ___ has continued to have significant bilateral hand pain despite all of the treatment that has been provided to her. She remains under the care of Dr. P.

Progress notes provided for review were scant, consisting of EMG studies (09/27/00) demonstrating bilateral, median and ulnar pathology, followed by a Peer Review (05/24/02) performed by neurologist Dr. H. Dr. H chronicled all the patient's treatment and continuing pain despite that treatment. He stated that there was no documentation of any anti-inflammatories, including Celebrex, being helpful. In fact, this documentation indicated that the patient's condition continued to worsen despite the use of medication.

Dr. P evaluated the patient in follow-up on 11/27/02 and 01/31/03, documenting her continuing hand pain. On 02/05/03 he wrote a letter of rebuttal to Dr. H's evaluation, but did not make any mention of medications being prescribed or whether there was any clinical benefit. Dr. H, on 09/17/03, wrote a letter in rebuttal to Dr. P's letter in which he reiterated his previous opinion.

On 09/25/03 a form letter entitled "Letter of Medical Necessity" appears to have been stamped by Dr. P for indefinite use of Celebrex 200 mg for a diagnosis of carpal tunnel syndrome, with a prognosis listed as "good." No other records were provided for review.

DISPUTED SERVICES

Under dispute is the medical necessity of prescription medications from 07/09/03 through 03/24/04.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

There is no documentation of any benefit from this patient's use of Celebrex. There is abundant documentation of the patient's ongoing worsening clinical condition throughout this case. No prescription medication is reasonable or necessary unless it provides clear clinical benefit without any side effects. In this case, there is absolutely no documentation that the patient is gaining any benefit whatsoever from Celebrex. Given the extensive documentation of her ongoing worsening condition, there is no medical reason or necessity for the continued use of this medication. The Letter of Medical Necessity provides no clinical information and is of no validity in determining the necessity for the use of Celebrex.

Moreover, the "good" prognosis is clearly unsupportable, given the entirety of the records provided for review. Therefore, the prescriptions for Celebrex for the dates of service in question are not medically reasonable or necessary as related to treatment of this patient's work injury. Additionally, there is no medical indication for the use of Celebrex to treat carpal tunnel syndrome.

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,