MDR Tracking Number: M5-04-3852-01

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 5-14-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues.

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 medication Vioxx was **found** to be medically necessary. The Prevacid was **not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 10-27-03 through 3-24-04 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 Decision and Order is hereby issued this 7th day of September 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

August 28, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-3852-01
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 Pain Management and Anesthesiology. The reviewer is on the TWCC ADL. 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

___ is a 48-year-old female who was injured on ___ when a student knocked her over while at work for the . She has continued to have multiple areas of pain involving the neck, torso and low back. The patient also complains of neck pain radiating to both upper extremities. The patient has no prior history of a chronic pain syndrome. The patient has also been diagnosed with fibromyalgia and a herniated lumbar disc at L4/L5 and L5/S1 on the right. She smokes one pack of cigarettes per day and denies alcohol or drug abuse. She is currently taking codeine, darvocet, ultram, vioxx, skelaxin, fiorinal and prevacid. According to the medical records, although the patient has done well with Vioxx and she was previously using Celebrex (200 mg bid) which did not cause any GI side effects and was tolerated well by the patient. The patient was switched from Celebrex to Vioxx on 8/23/99 by Dr C. There was no explanation in the notes as to why this change occurred. Prevacid was added to the patient's medical regimen to prevent any gastric side effects from the chronic use of a Cox-2 inhibitor.

Records reviewed include but are not limited to the following: records from TWCC, Dr. Y, MD medical records, multiple correspondences from ___ to TWCC MDR, Dr. W office notes, medical records from Drs. F, M, C, J, G, T and B, prescription records from Phil's pharmacy, medical records from Trinity Mother Francis health system, medical records from TASB, CT scan lumbar from Dallas Diagnostic Imaging Center and medical records from Oak Forest Psychological Services.

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of Vioxx and Prevacid from 10/27/03 to 3/24/04.

DECISION

The reviewer disagrees with the previous adverse determination regarding the Vioxx.

The reviewer agrees with the previous adverse determination regarding the Prevacid.

BASIS FOR THE DECISION

The reviewer notes that there is no medical literature that mandates the use of Prevacid to control the normal side effects of Vioxx. These can generally be counteracted by over-the-counter antacids and/or by being taken with a meal. However, Vioxx is certainly an appropriate medication, which has proven to benefit this patient in terms of pain management.

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,