

MDR Tracking Number: M5-04-3869-01

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 01-26-04.

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 Propoxyphene for dates of service 05-05-03 through 12-10-03 was 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 medical necessity 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 05-05-03 through 12-10-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 18th day of August 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

NOTICE OF INDEPENDENT REVIEW DECISION

Date: August 10, 2004

RE:

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IRO Certificate #: 5242

_____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to _____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

_____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed

the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Office notes of _____ of _____ of _____
- Table of disputed services
- MRI of lumbar spine report dated 8/13/03

Submitted by Respondent:

- Peer review dated 1/6/03
- IME dated 3/16/03
- Office notes of _____ of _____ of _____ dated _____ through 12/15/03

Clinical History

The claimant has a history of chronic low back pain allegedly related to the compensable injury on _____. The claimant exhibits a normal neurologic examination and repeated MRI studies indicate no significant neurocompressive lesion. The documentation indicates a continuous use of a narcotic analgesic from May 5, 2003 to December 10, 2003.

Requested Service(s)

Propoxyphene for dates of service 5/5/03-12/10/03.

Decision

I agree with the insurance carrier that the requested services are not medically necessary.

Rationale/Basis for Decision

Generally, narcotic analgesics like Propoxyphene are indicated for the management of moderate to severe pain, usually associated with acute injury and peri-operative conditions. Generally, use of narcotic agents are of short duration and only are used when exhaustion of non-narcotic conservative agents and other conservative measures have been exhausted when there is evidence of chronic pain. The chronic use of narcotics should be accompanied by:

- A narcotic medication management agreement, which is a standard of care
- Clear documentation of objective benefits of the medication being taking, including VAS scores and improvements in function.
- Periodic documentation of attempts of weaning the medication, to assure minimal dosaging.

Review of the provided documentation is a series of notes, some of which document subjective improvement, but none of which document VAS scores or benefit from a functional standpoint. A narcotic medication agreement is not provided for review. There is a gap in clinical treatment of approximately four months from June of 2003 to October of 2003 during which there is continued prescription of narcotic medication and no documentation of significant clinical condition of moderate to severe ongoing, unremitting pain. There is no documentation during the entire period of time that other non-narcotic agents were used or that an attempt to wean the claimant from the use of narcotic agents was attempted. In the absence of such documentation, the usage of propoxyphene cannot be considered to be medically necessary.