

MDR Tracking Number: M5-04-3874-01

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 7-13-04.

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 Alprazolam, Carisoprodol, and Hydro/Apap from 7-16-03 through 9-16-03 were not medically necessary.

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 7-16-03 through 9-16-03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 25<sup>th</sup> day of August 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

August 18, 2004

Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MDR #: M5-04-3874-01  
TWCC#:  
Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.: 5055

Dear

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Anesthesia and Pain Management and is currently on the TWCC Approved Doctor List.

### **REVIEWER'S REPORT**

#### **Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information provided by Respondent: designated doctor exams.

Information provided by Treating Doctor: office notes and operative reports.

#### **Clinical History:**

This patient has a history of an on the job injury on \_\_\_ in which he developed an umbilical hernia. He has since had repair of that umbilical hernia as well as a repair of a recurrent umbilical hernia. There is a possibility that the hernia has recurred once more.

#### **Disputed Services:**

Prescription medications alprazolam, carisoprodol and hydro/APAP during the period of 07/16/03 through 09/16/03.

#### **Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the medications in dispute as stated above were not medically necessary in this case.

#### **Rationale:**

This patient's injury is currently 3 years old. He has had 2 repairs of this hernia from which he should have healed. It very well may be that this patient is dependent upon these medications and feels like he needs them. However, he should, in the opinion of the reviewer, be able to go back to work since he does truck driving and very light lifting.

At this point and time he should be over his last surgery and should no longer require any of these medications. They do require a weaning period. It is noted that the treating doctor stated that he would try to reduce the medication over a 6-month period. The

reviewers feels that these medications do not require a 6-month weaning period and could be reduced and stopped over a 4-6 week period.

Sincerely,