

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 08-12-04.

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 Hydrocodone was 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 date of service 08-15-03 through 05-13-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 26th day of January 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh
Enclosure: IRO decision

**IRO Medical Dispute Resolution M5 Retrospective Medical Necessity
IRO Decision Notification Letter**

Date: 01/03/2005 (amended, 01/21/2005)
Injured Employee:
MDR : M5-04-4223-01
TWCC #:
MCMC Certification #: 5294

DETERMINATION: Denied

Requested Services:
Please review the item in dispute regarding prescription medications.

Dates of service:
08/15/2003, 09/05/2003, 09/15/2003, 10/06/2003, 10/29/2003, 11/17/2003, 12/10/2003,
01/31/2004, 03/21/2004, 04/12/2004, 05/13/2004.

MCMC llc (MCMC) is an Independent Review Organization (IRO) that was selected by The Texas Workers' Compensation Commission to render a recommendation regarding the medical necessity of the above Requested Service.

Please be advised that a MCMC Physician Advisor has determined that your request for M5 Retrospective Medical Dispute Resolution on 10/20/2004, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The hydrocodone used over this period of time is not medically necessary as it is a short acting narcotic, requires multiple daily dosings, and it did not affect the injured individual's pain scores which are consistently rated 8-9/10.

Hydrocodone was prescribed from 03/10/2003 to 07/21/2003 (dates prior to DOS in question in this review). It was then discontinued, changed to darvocet N100, but restarted on 08/28/2003 through 05/13/2004 and actually beyond.

This decision is based on:

- *TWCC Notification of IRO Assignment
- *TWDD MR-117 dated 10/20/2004
- *TWCC-60 stamped received 08/18/2004 4 pgs
- *Prescription Profile for dates of service 08/15/2003 through 05/13/2004
- *Xray report of lumbar spine dated 03/08/2004 2 pgs
- *EMG/NCS of the cervical spine and bil upper extremities dated 11/06/2003
- *EMG/NCS of bil lower extremities dated 10/30/2003
- *NCS of bil upper extremities dated 01/10/2003
- *NCS of bil lower extremities dated 01/08/2003
- *EMG/NCS of lumbar spine and bil lower extremities dated 04/12/20 *MRI of right knee dated 04/02/2002
- *Operative Report dated 01/09/2003 2 pgs
- *Operative Report dated 12/12/2002 2 pgs
- *Operative Report dated 11/07/2002 2 pgs
- *Operative Report dated 11/07/2002
- *Operative Report dated 10/10/2002 2 pgs
- *Operative Report dated 10/10/2002
- *Operative Report dated 09/26/2002 2 pgs
- *Operative Report dated 09/26/2002
- *Operative Report dated 07/25/2002 2 pgs
- *Procedure Note, Houston Community Hospital dated 06/26/2002
- *Operative Report dated 04/25/2002 2 pgs
- *Operative Report dated 04/25/2002 2 pgs
- *Operative Report dated 06/11/2002
- *Operative Report dated 01/23/2003 2 pgs
- *Pain Institute of Texas follow-up notes for dates of service: 03/25/2004 through 11/15/2004 27 pgs
- *Pain Institute of Texas Letter of Medical Necessity dated 02/03/2004
- *Pain Institute of Texas follow-up notes for dates of service: 10/14/2002 through 01/26/2004

The injured individual is a 52-year-old male who sustained an MVA in _____. He began treatment with Dr. Mohammed on 03/08/2002. All of the notes indicate that his pain level was about a 7-8/10 on average despite multiple narcotics, non-narcotics, ESIs, facet RF, SI RF, a chronic pain program, chiropractic care, a right knee arthroscopy, psych, and PT. All of these treatments occurred prior to the DOS in

question in this review. His pain scores are actually increasing for the DOS concerned with this review to 8-9/10 on average despite the same hydrocodone prescription. The notes indicate he was prescribed hydrocodone from 08/28/2003 through 05/13/2004 with a onetime addition of oxycodone time release on 02/03/2004, but this was not refilled later. The oxycodone was prescribed on 02/03/2004 with the hydrocodone for "breakthrough pain" is how hydrocodone should be used in this clinical setting, not as the main narcotic medication. However, this combination was not refilled. He also had darvocet N100 from 08/15/2003 to 08/28/2003 was then switched to hydrocodone. He was recommended lumbar surgery, according to the notes, but it was not approved. His lumbar spine Xray of 03/08/2004 showed severe degenerative disc disease (DDD). His physical examination shows negative straight leg raising (SLR) changing to positive SLR then back to negative, positive Patrick's test, myofascial pain, neck pain, headache all in varying degrees throughout the year. The narcotics hydrocodone is short acting and is taken q 6-8 hours which is not reasonable in a chronic pain setting such as this. In addition, the use of narcotics in this injured individual are not benefitting him as the attending physician (AP) states he cannot work or concentrate due to the narcotics and they are not reducing his pain levels at all. Thus, their long-term usage is not recommended.

The injured individual should be weaned off dependence on all narcotics as he has been taking them for over two years with no positive benefit.

The reviewing provider is a Boarded Anesthesiologist and certifies that no known conflict of interest exists between the reviewing Anesthesiologist and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent via facsimile to the office of TWCC on this

21st day of January 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____