

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 08-06-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did prevail** on the issues of medical necessity. The IRO disagrees with the previous determination that the Hydrocodone 7.5 mg/750 mg from 10-16-03 through 06-11-04 was not medically necessary.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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 Hydrocodone 7.5 mg/750 mg. were 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 totaling \$150.21 in accordance with the Medicare program reimbursement methodologies effective August 1, 2003 per Commission rule 134.202(c), 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 10-16-03 through 06-11-04 in this dispute.

This Findings and Decision and Order are hereby issued this 22nd day of April 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758
Fax 512/491-5145

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 20,2005

Re: IRO Case # M5-04-4306 -01

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. IME, 3/25/03 Dr. Maffet
4. Notes, 2004-5, Dr. Ravdel
5. Confidential patient prescription profile 2003-2004
6. Notes, Dr. Weiss
7. Notes, Dr. Mathurin

History

The patient is a 40-year-old morbidly obese male who injured both knees in _____. The patient has been treated extensively for severe degenerative osteoarthritis in both knees. The patient underwent arthroscopic knee surgery in the past. The patient was treated with anti-inflammatory medications and occasionally narcotic medications. Hydrocodone was prescribed almost monthly from 10/03 – 6/04.

Requested Service(s)

Hydrocodone 7.5 MG/750 MG

Decision

I disagree with the carrier's decision to deny the requested medication.

Rationale

The patient is a difficult patient to treat. He is morbidly obese; he is young; and he has chronic, severe tri-compartmental osteoarthritis bilaterally. Surgery and injections have been denied. Based on the records provided for this review, occasional narcotic usage would be reasonable and medically necessary. The frequency of the prescriptions do not appear from the records reviewed to be excessive or inappropriate.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Daniel Y. Chin, for GP