

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-05-3771.M5**

MDR Tracking Number: M5-05-0508-01

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 10-12-04.

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 HydroApap, Carisoprodol, and Celebrex from 10-21-03 through 11-18-03 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 10-21-03 through 11-18-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision and Order is hereby issued this 29th day of December 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

December 15, 2004

Texas Workers Compensation Commission
MS48
7551 Metro Center Drive, Suite 100
Austin, Texas 78744-1609

NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M5-05-0508-01
TWCC #:
Injured Employee:
Requestor: Highpoint Pharmacy
Respondent: Protective Insurance Co.
MAXIMUS Case #: TW04-0489**

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in neurosurgeon and is familiar with the condition and treatment options at issue in this appeal. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on _____. The patient reported that while at work he was driving his van when he hit a large pot hole. The patient reported that he injured his lower cervical spine. The patient is status post C4-5 ACDF and a C6-7 pseudoarthrosis repair on 9/14/00, and status post C5-6 and C6-7 ACDF in 1992. The patient is currently being treated for chronic neck pain and cervical radiculopathy. Treatment for this patient's condition has included medications consisting of Hydrocodone/Apap, Carisoprodol, and Celebrex.

Requested Services

HydroApap, Carisoprodol, and Celebrex from 10/21/03 through 11/18/03.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Letter of Medical Necessity 1/13/04
2. History, Physical, and Neurological Examination 9/25/92
3. Office Notes and Interval History 3/26/03 - 11/4/03
4. Diagnostic Reports 9/14/00 – 7/17/03
5. EMG/NCV report 2/20/01

Documents Submitted by Respondent:

1. No documentation submitted.

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this case concerns a male who sustained a work related injury to his cervical spine on _____. The MAXIMUS physician reviewer also noted that the patient is status post cervical spine surgery and that the patient is currently being treated for chronic neck pain and cervical radiculopathy. The MAXIMUS physician reviewer further noted that treatment for this patient's condition has included medications consisting of Hydrocodone/Apap, Carisoprodol, and Celebrex. The MAXIMUS physician reviewer explained that the use of Hydrocodone/Apap, Carisoprodol, and Celebrex are used in the treatment of an acute illness or injury. The MAXIMUS physician reviewer indicated that the use of these medications for a chronic pain problem is not appropriate treatment. Therefore, the MAXIMUS physician consultant concluded that the HydroApap, Carisoprodol, and Celebrex from 10/21/03 through 11/18/03 were not medically necessary to treat this patient's condition.

Sincerely,
MAXIMUS

Elizabeth McDonald
State Appeals Department