Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity Dispute

PART I: GENERAL INFORMATION

Type of Requestor: ( ) Health Care Provider (X) Injured Employee ( ) Insurance Carrier

Requestor's Name and Address:	MDR Tracking No.: M5-05-1521-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: American Home Assurance Company Box 19	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.: 149091533

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: TWCC-60, copies of receipts and carrier denial for medical necessity
POSITION SUMMARY: None submitted by Requestor

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to TWCC-60
POSITION SUMMARY: The carrier disputes that the provider has shown that the treatment underlying the charges was medically reasonable and necessary. Further, the carrier challenges whether the charges are consistent with applicable fee guidelines.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
07-29-04 to 10-16-04	Celebrex, Soma and Carisoprodol	☒ Yes ☐ No	$379.06

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

The Division has reviewed the enclosed IRO decision and determined that the requestor **prevailed** on the disputed medical necessity issues.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308

PART VII: DIVISION DECISION AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is entitled to reimbursement in the amount of $379.06. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30 days of receipt of this Order.

Ordered by:

		10-31-05
Authorized Signature		Date of Order

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Road, Irving, TX 75038
972.906.0603 972.255.9712 (fax)
Certificate # 5301

October 26, 2005

ATTN: Program Administrator
Texas Department of Insurance/Workers Compensation Division
7551 Metro Center Drive, Suite 100
Austin, TX 78744
Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M5-05-1521-01
RE: Independent review for ___

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 9.16.05.
- Faxed request for provider records made on 9.16.05.
- The case was assigned to a reviewer on 10.5.05.
- The reviewer rendered a determination on 10.20.05.
- The Notice of Determination was sent on 10.26.05.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of the prescriptions for Celebrex, Soma and Carisoprodol from 7.29.04-10.16.04

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **overturn the denial** on the prescriptions for Celebrex, Soma and Carisoprodol during the period of 7.29.04-10.16.04.

Summary of Clinical History

Mr. ___ is a 44-year-old Hispanic male, who was employed as derrick hand with for approximately five years. His injury occurred when apparently the stem operator performed a procedure which resulted in him getting knocked around violently on top of the derrick and resulted in severe neck and back injury. His neck injury essentially resolved, but his back pain has "never resolved." He has been diagnosed with predominantly sprain/strain injury, but has developed a classic chronic pain syndrome. He has been treated appropriately, in reviewing the records, for many years for chronic pain including attempts at using long-acting Opioids such as Methadone and Duragesic, as well as, short-acting including Hydrocodone. He has been utilizing SSRIs and central pain medications, such as Lexapro. He has been using muscle relaxers such as Soma and Skelaxin, which is documented in the chart. He has been treated with multiple anti-inflammatories over the years, presently receiving Celebrex for anti-inflammatory and Soma for muscle relaxation. These appear to be the only two medications in dispute, although records reflect he is receiving several other medications including Opioid management.

Clinical Rationale

The long-term management of chronic pain usually requires multimodal approach meaning multiple different medications. Using Celebrex both for analgesic and anti-inflammatory effect is an appropriate use of treating chronic pain but they are not disputing his need for opiate management of his pain or SSRI management of his pain during those same time periods. So, apparently there is not a dispute about whether or not this gentleman has chronic pain. The dispute now centers around whether Celebrex is being used to treat an underlying degenerative condition that preexisted his work injury or whether it is part of the regimen for treating chronic pain. Since the chronic pain literature indicates this medication is an appropriate regimen in treating chronic pain, it does not appear to be reasonable to assume that you can split out certain medications and say they are only being used for one diagnosis versus the other. Therefore, I believe Celebrex is appropriate.

In regard to Soma and Carisoprodol, medication used for muscle relaxation and designed for acute muscle pain control, it too has a role in treating chronic pain. Although most practitioners because of Soma known high street value of black market use and abuse potential and its primary indications for acute spasm, typically try to get patients off of it long term. Many of the chronic pain management

specialists attempt to put these patients on alternatives such as Skelaxin, Flexeril, or even Zanaflex. Soma has multiple alternatives that do not appear to have been recently tried, but currently the Soma use seems reasonable in its role for management of chronic pain.

Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers' clinical experience with over 10 years of patient care.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

The review was performed in accordance with Texas Insurance Code 21.58C and the rules of Texas Department of Insurance /Division of Workers' Compensation. In accordance with the act and the rules, the review is listed on the DWC's list of approved providers or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and the treating and/or referring provider, the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision. The address for the Chief Clerk of Proceedings would be: P.O. Box 17787, Austin, Texas, 78744.

I hereby verify that a copy of this Findings and Decision was faxed to Texas Department of Insurance /Division of Workers Compensation applicable to Commission Rule 102.5 this 26th day of October, 2005. The Division of Workers Compensation will forward the determination to all parties involved in the case including the requestor, respondent and the injured worker. Per Commission Rule 102.5(d), the date received is deemed to be 5 (five) days from the date mailed and the first working day after the date this Decision was placed in the carrier representative's box.

_____

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.