

MDR Tracking Number: M5-05-1762-01

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 2-22-05.

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 prescription medications Oxycontin, Hydro/Apap and Trazodone on 3-5-04 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 date of service 3-5-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this 15th day of April 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

April 12, 2005

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

Re: Medical Dispute Resolution
MDR #: M5-05-1762-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: IRO 5055

Dear Ms. ____:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI 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 Independent Review, Inc. 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 board certified in Orthopedic Surgery, and is currently on the TWCC Approved Doctor List.

Sincerely,

Gilbert Prud'homme
General Counsel

GP:thh

REVIEWER'S REPORT
M5-05-1762-01

Information Provided for Review:

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

Information provided by Treating Doctor:

Office notes 10/04/99 – 09/20/04 (Except 03/28/03 – 06/09/04)

Operative report 08/13/02

Information provided by Respondent:

Correspondence

Lab report 01/28/04 & Radiology report 03/19/03

Treating doctor office notes 03/28/04 – 06/09/04

RME 10/28/03

Medical record review 02/03/03

Medical analysis 02/05/03

Highpoint Rehab treatment documentation 03/03/03 – 11/06/03

Clinical History:

This female patient suffered a work-related injury on _____. She experiences chronic low back pain status post previous L4/L5, L5/S1 fusion with posterior instrumentation in August of 2002. The patient had persistent intractable pain with bulging at the L3/L4 disc, recurring right sacroiliitis, and multiple lumbar trigger points. Extensive conservative treatment was recommended, and the patient was being prescribed OxyContin, hydrocodone, and trazodone, chronically.

Disputed Services:

Prescription medications Oxycontin, Hydro/Apap and Trazodone on 03/05/04.

Decision:

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

Rationale:

As recommended by the peer review almost 1 year ago, the patient should have been weaned off of chronic usage of these narcotic medications and mood-altering medications in the postoperative period after the surgery in 2002. Now, it is over 2 years since that procedure, and chronic habitual use of these medications is not medically necessary, appropriate, or beneficial to this patient.