

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-6381.M5

MDR Tracking Number: M5-05-1771-01

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 Bextra on 2-26-04 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 2-26-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this 1st day of April 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

March 31, 2005

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

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-05-1771-01
TWCC #:
Injured Employee:
Requestor: Orthopaedic Institute Pharmacy
Respondent: Continental Casualty Co. c/o Burns, Anderson, Jury and Brenner
MAXIMUS Case #: TW05-0054

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 orthopedic surgery 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 female who sustained a work related injury on _____. The patient has been diagnosed with bilateral carpal tunnel and is status post release surgery. The patient was evaluated on 5/7/03 and reportedly demonstrated evidence of recurrent flexor tenosynovitis and mild associated carpal tunnel syndrome and had been prescribed Bextra 10mg once to twice a day for pain.

Requested Services

Bextra 2/26/04.

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

Documents Submitted by Requestor:

1. Office Visits 5/7/03 and another not dated

Documents Submitted by Respondent:

1. No documents 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 female who sustained a work related injury on _____. The MAXIMUS physician reviewer also noted that the diagnosis for this patient include bilateral carpal tunnel and that the patient is status post carpal tunnel release surgery. The MAXIMUS physician reviewer further noted that the patient had been prescribed Bextra for increased pain. The MAXIMUS physician reviewer explained that Bextra is not FDA approved for the treatment of carpal tunnel syndrome pain or flexor tenosynovitis. The MAXIMUS physician reviewer indicated that the use of this medication for this patient's diagnosis is an off label use. Therefore, the MAXIMUS physician consultant concluded that the Bextra received on 2/26/04 was not medically necessary to treat this patient's condition.

Sincerely,
MAXIMUS

Elizabeth McDonald
State Appeals Department