



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

Requestors Name and Address:

MDR Tracking No.: M4-06-4417-01 (previous MDR#)
M5-06-1543-01 (new MDR #)

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:

Pacific Employers Insurance Company
Rep Box # 15

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: DWC-60

POSITION SUMMARY: None submitted by the Requestor

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60

POSITION SUMMARY: "The carrier will stand on our determination to deny reimbursement to Ms. ___ for prescriptions she paid for on the above referenced dates of service".

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
04-23-05 to 11-11-05	Tizanidine Clonazepam Lexapro	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$282.10 \$93.44 \$420.63
04-23-05 to 11-11-05	Hydromorphone and Kadian	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
	TOTAL		\$796.17

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 a portion of the disputed medical necessity issues.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308 and 134.503

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 \$796.17. 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:

06-02-06

Authorized Signature

Typed Name

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.



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE: _____
IRO TRACKING NUMBER: M5-06-1543-01
NAME OF REQUESTOR: _____
NAME OF CARRIER: Pacific Employers Insurance Company/ESIS
DATE OF REPORT: 05/24/06
DATE OF AMENDED REPORT: 06/02/06
IRO CERTIFICATE NUMBER: 5320

TRANSMITTED VIA FAX TO:

IMED, Inc. has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO).

In accordance with the requirement for TDI to randomly assign cases to IROs, TDI has assigned your case to IMED, Inc. for an independent review. The peer reviewer selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the peer reviewer reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal.

The independent review was performed by a matched peer with the treating physician. This case was reviewed by an M.D. physician reviewer who is Board Certified in the area of Pain Medicine and is currently listed on the DWC approved doctor list.

I am the Secretary and General Counsel of IMED, Inc., and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and the provider, the injured employee, 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 Independent Review Organization. I further certify that no conflicts of interest of any nature exist between any of the aforementioned parties and any director, officer, or employee of IMED, Inc.

REVIEWER REPORT

I have reviewed the records forwarded on the above injured worker and have answered the questions submitted.

Information Provided for Review:

- MRI of the left knee dated 12/22/99.
- Multiple medical records from Kevin Christensen, M.D., starting 01/11/00.
- X-rays of the left wrist dated 01/11/00.
- MRI of the left wrist dated 01/27/00.
- X-rays of the left wrist dated 04/14/00.
- Multiple medical records from Kimberly Mezera, M.D., starting 02/22/00.
- Medical record of left stellate ganglion block 03/14/00.
- Multiple medical record from Ken Reed, M.D., starting 08/14/00.
- 08/17/00 I.V. Lidocaine Bier block.
- MRI of the left shoulder dated 08/23/00.
- MRI of the left wrist dated 09/11/00.
- Bone scan 02/14/01.
- X-rays of the left hand 02/13/01.

- MRI of the cervical spine 03/08/01.
- MRI of soft tissue of the neck.
- CT of the neck 06/20/01.
- MRI of the right knee 07/30/01.
- Multiple medical notes from Lori Kleiman, M.D., starting 11/13/01.
- Statutory MMI report 04/02/02.
- Multiple consultation medical notes and multiple medical progress notes from Adam Arrendondo, M.D., starting 10/28/02.
- Medical notes Well Spring Pain Center 12/27/02 through 10/20/03.
- Psychological report 07/16/03 and 12/02/03.
- IRO review 07/18/03.
- I.V. bone osteoscan 08/14/03.
- Multiple medical records Dr. Stanton starting 08/24/04.
- Peer review dated 03/16/05.
- Therapeutic drug monitoring 02/08/06 through 04/19/06.

Clinical History Summarized:

The medical records indicate the employee was injured on ____.

The earliest records from 12/22/99 is an MRI of the left knee indicating chondromalacia, Grade III.

The first dictated report is dated 01/11/00 by Dr. Christensen indicating musculoskeletal complaints after a slip and fall at work, a nondisplaced fracture of the scaphoid requiring immobilization. There was also internal derangement of the left knee, as well as anterior and lateral ankle deltoid pain requiring a splint. The impression was scaphoid fracture and chondromalacia, as well as a chronic ankle sprain. Dr. Christensen continued to follow the injured employee and treated her conservatively.

By 02/22/00, the injured employee was experiencing ongoing pain requiring a referral to Dr. Mezera. The examination indicated hypersensitivity and vasomotor changes. This was the first report indicating evidence of reflex sympathetic dystrophy. Stellate ganglion blocks were performed on 03/14/00.

The injured employee was then referred to Dr. Reed by August, 2000 with arm pain, findings consistent with CRPS Type I.

The employee underwent a series of upper extremity stellate ganglion blocks by Dr. Reed and ongoing pain management as well by Dr. Christensen.

The employee was referred for chronic pain management by Dr. Kiser in 2001.

The employee was given a 22% impairment rating by Dr. Christensen on 04/08/02.

The employee was also seen by Dr. Arredondo on 10/28/02 with reflex sympathetic dystrophy and multiple other pain complaints including neck pain with radiculopathy, bursitis of the left shoulder, and SI joint dysfunction.

The employee was managed by Dr. Kiser for pain management as well and that included MS Contin, Ketamine Cream, Celexa, Wellbutrin, Topomax, Zanaflex, Lidoderm, Klonopin, Senokot, Phenergan, and Dextromethorphan. Duragesic and Actiq, as well as Lortab, Norco, and Dilaudid were added.

The employee also underwent individual psychotherapy sessions, as well as undergoing shoulder and trigger point injections by Dr. Christensen in 2003.

It appears Dr. Arredondo assumed medication management and had the injured employee on Avinza in addition to multiple other medication changes.

There was an Independent Medical Evaluation (IME) on 04/01/04. The final page of that report was not available for review, however, the examination did indicate that there was no evidence of significant atrophy or skin changes appreciated. The employee was noted to be a slightly obese lady that was pleasant and cooperative and wearing a glove on her left hand with guarding

of the arm. The examination was difficult to assess because she was so sensitive to any type of touch. There was also mention of a videotape taken of her, which this examiner reviewed and felt it would be reasonable for her to continue with her chronic complex pain syndrome and depression secondary to the pain syndrome.

The injured employee presented to the emergency room in _____. Following that time, the records are from Dr. Stanton indicating ongoing management of her pain with multiple medications including Kadian, Zanaflex, Dilaudid, and Wellbutrin.

The last report is dated 04/19/06. The employee continued to experience pain involving the left arm to the left hip. She was receiving massage therapy. The employee's pain was getting worse despite being on Kadian and Dilaudid.

There were no records available beyond that time.

Disputed Services:

The medical necessity for medications including Hydromorphone, Kadian, Clonazepam, Tizanidine, and Lexapro.

Decision: Two parts

In agreement with the carrier decision that the opiate medications of Hydromorphone and Kadian would not be a medical necessity.

In disagreement with the carrier decision that Clonazepam, Tizanidine and Lexapro would not be a medical necessity.

Rationale/Basis for Decision:

The records indicate that the employee does have a chronic condition. She was involved in a slip and fall injury and had multiple musculoskeletal issues, the worst of which appears to be a scaphoid fracture of the wrist. She did not sustain any significant damage to the leg. She does have preexisting chondromalacia. The records indicate that since that time, as early as February, 2000, there was mention of sympathetic dystrophy, and she has had that diagnosis ever since. Indeed, previous examiners have all documented the presence of some type of chronic pain objectively evaluated and revealing evidence of sympathetic dystrophy.

The injured employee has been maintained on significant amounts of opioids for this condition. She has been under the care of many reputable pain management specialists including Dr. Reed, Dr. Kiser, Dr. Arredondo, and now Dr. Stanton, all of which have basically tried to medicate this lady with excessive amounts of opioids. Despite the best interests of the clinicians, the employee has continued to experience pain and basically has not been functional. The recent records indicate that she has trouble with all activities and also has visited an emergency room on several occasions despite excessive amounts of opioids. She has been maintained on Kadian, which is a morphine derivative extended release for quite some time, as well as Hydromorphone, which is a potent short-acting opioid several times during the day.

Over the years, the employee has been maintained on some type of opioid, either MS Contin or Avinza, and now Kadian, as well as previous attempts with Actiq, Duragesic, and NMDA receptive blockers. The employee has been maintained on medications, but there is nothing functional noted in the records indicating any significant benefit of these medications which would justify their continuation. The employee has been receiving excessive amounts of opioids. However, there was no documentation that there is any benefit from these medications, as the employee continues to experience a significant amount of pain that limits most activities according to the last reports from Dr. Stanton.

Therefore, this employee may not necessarily be a responder to this type of medication regimen. Although it is reasonable to conclude that this employee does require some form of analgesics, it may not be beneficial for her to continue to receive the current regimen as there is no documentation of any functional improvement such as ability to work or ability to perform everyday activities without pain. Therefore, I do not agree with the ongoing use of opioids such as Kadian and Hydromorphone for this chronic condition and would recommend some type of weaning program and get her on a more benign long-term analgesic such as Darvocet or Ultram, which may be in the end just as effective as her current regimen now. Otherwise, one would have to consider the possibility of an opioid pump to truly regulate her medications and titrate doses accordingly without risk of side effects. There is some literature which actually indicates that conditions such as CRPS may not best respond to opioids at all; anticonvulsants, or antidepressants may be much more

efficacious. The other listed medications would not be inappropriate for long-term use such as Clonazepam, Lexapro, and Tizanidine for pain conditions associate with the compensable injury.

The rationale for the opinion stated in this report is based on the record review, as well as the broadly accepted literature to include numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with IMED, Inc. is deemed to be a DWC decision and order.

YOUR RIGHT TO REQUEST A HEARING

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 thirty (30) days after the date on which the decision that is the subject of the appeal is final and appealable.

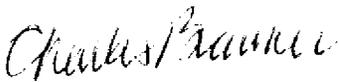
If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P.O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the DWC via facsimile 2nd day of June, 2006 from the office of IMED, Inc.

Sincerely,



Charles Brawner
Secretary/General Counsel