



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

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

Requestors Name and Address:	M5-06-1742-01
	MDR Tracking No.:
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
St. Paul Fire and Marine Insurance, Box 05	
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary, "Insurance Company has been ordered (by you) to reimburse all medical care, including medication, according to TX Labor Code 413.055. Insurance Company has all receipts."

Principle Documentation:

1. DWC-60/Table of Disputed Service
2. Receipts confirming out of pocket expenses of injured worker

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: "...Carrier disputes prescriptions dated 9-15-05, 10-12-05, 11-17-05, and 2-7-06 as not being reasonable and necessary per the Peer Review..."

Principle Documentation:

1. DWC-60/Table of Disputed Service
2. Receipts confirming out of pocket expenses of injured worker

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
9-15-05 – 2-7-06	Hydrocodone	1	\$92.57
11-17-05 – 2-7-06	Gabapention	1	\$207.69
Total Due			\$300.26

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

Under the provisions of 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.

1. The Division has reviewed the enclosed IRO decision and determined that the Requestor did prevail on the medical necessity issues. The amount due the Requestor for the items denied for medical necessity is \$300.26.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.1 and 134.202(c)(1)
28 Texas Administrative Code Sec. § 413.011(a-d), 413.031

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 additional reimbursement in the amount of \$300.26.

Ordered by:

Medical Dispute Officer

08-6-06

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.

July 18, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M5-06-1742-01

CLIENT TRACKING NUMBER: M5-06-1742-01 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that provider and 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.

Records Received:

RECORDS RECEIVED FROM THE STATE:

Notice of IRO assignment and associated documents 6/29/06, 17 pages

RECORDS RECEIVED FROM DR. BLAU:

Management notes-J Blau MD; 6/8/06, 9/19/05, 4 pages

Office notes; 4/26/06, 1/27/06, 12/29/05, 10/17/05, 8/31/05, 8/16/05, 2/14/05, 10/13/04, 8/16/04, 6/15/04, 2/12/04, 12/16/03, 10/14/03, 8/26/03, 5/1/03, 3/14/03, 1/21/03, 37 pages

Note from Dr. Blau to patient 3/1/06, 1 page

Medical necessity letter 7/28/05, 1 page

H&P Narratives; 6/14/05, 4/15/05, 7 pages

EDX report 2/27/03, 2 pages

H&P 10/7/02, 5 pages

Report CT lumbar spine 1/19/06, 2 pages

Post myelogram CT report lumbar spine 2/19/03, 3 pages

X-ray report lumbar spine 2/19/03, 1 page

Procedure report lumbar discogram and associated notes 1/19/06, 4 pages

Transforaminal epidural injection 8/15/05, 4 pages

Colonoscopy report 4/21/05, 1 page

Procedure note; rhizotomy 8/19/03, 2 pages

Procedure note selective S1 epidural injections 4/17/03, 3 pages

Procedure note lumbar facet injections 2/28/03, 3 pages

Summary of Treatment/Case History:

This is a 59 year old male with a work related low back injury on _____. He is also noted to have reactive depression. The patient is now receiving medication for this problem including Vicodin HP, mobic, effexor, and neurontin. The patient apparently has indicated that without the medications his pain is 10/10 and with the medications 7/10. It allows him to do daily self care and tasks, do chores and remain active. Otherwise the patient indicated that he would be bedridden. The neurontin is improving the paresthetic pain he had in his lower extremities. The effexor is being used for his reactive depression. The patient apparently had a discogram with multi level pain response. A request for an IDET has been denied. The patient has pain in the low back radiating into the left leg. Neuromuscular exams (motor, sensory, and reflex) have been normal. The patient has gone through the various injection procedures including; ESI, facet injections with medical branch blocks and neurotomies without any significant sustained improvement. The patient continues on medications and pain management.

Questions for Review:

Dates of Service 9/15/05 thru 2/7/06:

Services Disputed: Prescription medications (Hydrocodone and Gabapention).

1. Are these prescriptions medically necessary?

Explanation of Findings:

1. Are these prescriptions medically necessary?

This patient has an acknowledged work related back injury in _____. He has had numerous procedures and various treatment without any subjective or objective sustained improvement. His pain level with the different medications used has remained fairly unchanged over the last few years of treatment with Dr. Blau. The patient does not have any neuromuscular deficits. There is

degenerative change patterns noted in the radiologic diagnostic studies. The cause of the ongoing pain is not clear. Results of discograms have not been demonstrated in appropriate controlled studies to be specific and diagnostic. However, the patient does have chronic pain. The pain problem has persisted since the injury in _____. This is now a specific and distinct problem of chronic pain that requires management, whatever the etiology. While management options can be somewhat controversial, the use of neurontin and vicodin are generally accepted and commonly used drugs to manage the pain. While, some may feel that this is not the optimal approach it is generally accepted. Therefore, the prior denial should be overturned. The patient does have chronic pain as a result of the work related injury. The medications are being used to manage the chronic pain and are improving the patient's functional status as described in the notes. The use of these drugs are medically acceptable and are being used to treat the sequelae of the work related injury.

Conclusion/Decision to Certify:

The medications in review are medically necessary to treat the chronic pain problem which is a result of the work related back injury in _____.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

Clinical review

References Used in Support of Decision:

The use of long-acting opioids in chronic pain management. Nurs Clin North Am. 2003 Sep;38 (3): 435-45

Transdermal buprenorphine in the treatment of chronic pain: results of a phase III, multicenter, randomized, double-blind, placebo-controlled study. Clin Ther. 2004 Nov;26 (11): 1808-20

Efficacy & safety of oxymorphone extended release in chronic low back pain: results of a randomized, double-blind, placebo and active controlled phase III study. J Pain. 2005 Jan;6(1): 21-8

This reviewer is Board certified in Physical Medicine & Rehabilitation (1979). The physician providing this review is a Diplomate, American Academy of Physical Medicine and Rehabilitation; and Diplomate, American Board of Electrodiagnostic Medicine. This reviewer is a member of the American Spinal Injury Association, American Academy of Physical Medicine and Rehabilitation, State Academy of Physical Medicine and Rehabilitation, and State Medical Society. This reviewer has held various academic positions, is currently an Adjunct Associate Professor, and has authored numerous publications. The reviewer has additional training in Acupuncture. This reviewer is licensed to practice in four states and has been in practice since 1978.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and the DWC.

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Case Analyst: Stacie S ext 577