

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 **did prevail** on the disputed medical necessity issues.

Reimbursement per Rule 134.503(a)(2)(A) is as follows:

Carisoprodol – Generic

08-01-05: $\$59.63 \text{ divided by } 100 \text{ (quantity)} = \$0.60 \times 120 = \$72.00 \times 1.25 = \$90.00 + \$4.00 \text{ dispensing fee} = \94.00
MAR. Requestor is seeking less than MAR; therefore per Rule 134.503(a)(1) recommend reimbursement of \$37.99.

08-31-05: $\$59.63 \text{ divided by } 100 \text{ (quantity)} = \$0.60 \times 120 = \$72.00 \times 1.25 = \$90.00 + \$4.00 \text{ dispensing fee} = \94.00
MAR. Requestor is seeking less than MAR; therefore per Rule 134.503(a)(1) recommend reimbursement of \$37.99.

09-27-05: $\$59.63 \text{ divided by } 100 \text{ (quantity)} = \$0.60 \times 120 = \$72.00 \times 1.25 = \$90.00 + \$4.00 \text{ dispensing fee} = \94.00
MAR. Requestor is seeking less than MAR; therefore per Rule 134.503(a)(1) recommend reimbursement of \$37.99.

10-26-05: $\$59.63 \text{ divided by } 100 \text{ (quantity)} = \$0.60 \times 120 = \$72.00 \times 1.25 = \$90.00 + \$4.00 \text{ dispensing fee} = \94.00
MAR. Requestor is seeking less than MAR; therefore per Rule 134.503(a)(1) recommend reimbursement of \$37.99.

Hydrocodone/APAP – Generic

08-01-05: $\$69.89 \text{ divided by } 100 \text{ (quantity)} = \$0.70 \times 300 = \$210.00 \times 1.25 = \$262.50 + \$4.00 \text{ dispensing fee} = \266.50
MAR. Requestor is seeking less than MAR; therefore per Rule 134.503(a)(1) recommend reimbursement of \$119.99.

08-31-05: $\$69.89 \text{ divided by } 100 \text{ (quantity)} = \$0.70 \times 300 = \$210.00 \times 1.25 = \$262.50 + \$4.00 \text{ dispensing fee} = \266.50
MAR. Requestor is seeking less than MAR; therefore per Rule 134.503(a)(1) recommend reimbursement of \$119.99.

09-27-05: $\$69.89 \text{ divided by } 100 \text{ (quantity)} = \$0.70 \times 360 = \$252.00 \times 1.25 = \$315.00 + \$4.00 \text{ dispensing fee} = \319.00
MAR. Requestor is seeking less than MAR; therefore per Rule 134.503(a)(1) recommend reimbursement of \$139.99.

10-26-05: $\$69.89 \text{ divided by } 100 \text{ (quantity)} = \$0.70 \times 360 = \$252.00 \times 1.25 = \$315.00 + \$4.00 \text{ dispensing fee} = \319.00
MAR. Requestor is seeking less than MAR; therefore per Rule 134.503(a)(1) recommend reimbursement of \$139.99.

Tizanidine – Generic

09-08-05: $\$219.78 \text{ divided by } 150 \text{ (quantity)} = \$1.47 \times 60 = \$88.20 \times 1.25 = \$110.25 + \$4.00 \text{ dispensing fee} = \114.25
MAR. Requestor is seeking less than MAR; therefore per Rule 134.503(a)(1) recommend reimbursement of \$25.99.

Alprazolam – Generic

10-06-05: $\$115.55 \text{ divided by } 100 \text{ (quantity)} = \$1.16 \times 15 = \$17.40 \times 1.25 = \$21.75 + \$4.00 \text{ dispensing fee} = \25.75
MAR. Requestor is seeking less than MAR; therefore per Rule 134.503(a)(1) recommend reimbursement of \$9.68.

10-15-05: $\$115.55 \text{ divided by } 100 \text{ (quantity)} = \$1.16 \times 30 = \$34.80 \times 1.25 = \$43.50 + \$4.00 \text{ dispensing fee} = \47.50
MAR. Requestor is seeking less than MAR; therefore per Rule 134.503(a)(1) recommend reimbursement of \$12.46.

Dates of service 11-25-05, 12-19-05 and 01-16-06 were listed on the Table of Disputed Services. The Respondent submitted information verifying reimbursement for these services via check numbers 4954614 and 4935758. These dates of service are therefore no longer in dispute.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.1, 134.503 (a)(2)(A) and 134.503(a)(1)
Texas Labor Code, Sec. 413.031 and 413.011 (a-d)

PART VII: DIVISION FINDINGS 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 \$720.05. The Division hereby **ORDERS** the Respondent to remit this amount due at the time of payment to the Requestor within 30 days of receipt of this Order.

Order by:

11-29-06

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.

Clear Resolutions Inc.

**An Independent Review Organization
3616 Far West Blvd. Suite 337-117
Austin, TX 7831**

October 18, 2006

TDI-DWC Medical Dispute Resolution
Fax: (512) 804-4868

Delivered via Fax

Patient / Injured Employee _____
TDI-DWC _____
MDR Tracking #: M5-06-1858-01
IRO #: 5327

Clear Resolutions, Inc. has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Worker's Compensation (DWC) has assigned this case to Clear Resolutions for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

Clear Resolutions 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed MD board certified and specialized in Physical Medicine & Rehab and Pain Management. The Reviewer is on the DWC Approved Doctor List (ADL). The Clear Resolutions Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO assignment, information provided by The Requestor, Respondent, and Treating Doctor(s), including but not limited to: correspondence, clinic notes, peer evaluations, functional capacity exam.

CLINICAL HISTORY

Mr. ___ sustained a lumbar injury on ___, when heavy boxes fell on him. He has had medical management for this condition.

DISPUTED SERVICE (S)

Under dispute is the retrospective medical necessity of tizanidine, carisoprodol, hydrocodone, and alprazolam for the dates 8/1/05 through 10/27/05.

DETERMINATION / DECISION

The Reviewer disagrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

These medications are appropriate and widely used in situations such as this. The Patient's injury was serious enough to have had surgery considered and suggested, and certainly warrants ongoing symptomatic treatment such as that disputed above. Therefore, after careful review of all medical records, the Reviewer's medical assessment is that the tizanidine, carisoprodol, hydrocodone, and alprazolam are medically necessary.

Screening Criteria

General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

Clear Resolutions has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Clear Resolutions has made no determinations regarding benefits available under the injured employee's policy.

As an officer of Clear Resolutions Inc., I certify that there is no known conflict between the Reviewer, Clear Resolutions and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Clear Resolutions is forwarding by mail or facsimile, a copy of this finding to the DWC.

Sincerely,
Clear Resolutions Inc.

Chris Crow
President & Chief Resolutions Officer

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, 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.

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent DWC via facsimile, U.S. Postal Service or both on this 18th day of October 2006.

Name and Signature of Clear Resolutions Inc. Representative:

Sincerely,

Clear Resolutions Inc.

Chris Crow
President & Chief Resolutions Officer