



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.: M5-06-2184-01
	Claimed Employee's Name:
	Date of Injury:
Respondent's Name and Address: ARCH Insurance Company Rep ox # 19	Employer's Name:
	Insurance Carrier's No.:

**PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY**

Requestor's Position Summary: Per the Table of Disputed Services "Not able to do daily task or work without medication needed for back and leg pain."

Principle Documentation:

1. DWC 60/Table of Disputed Services
2. Copies of receipts for out-of-pocket expenses
3. Explanation of Benefits

**PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY**

Respondent's Position Summary: "At this time, the Carrier maintains its position that the prescription medications, per peer review(s), were not reasonable and/or medically necessary."

Principle Documentation:

1. Response to DWC 60

**PART IV: SUMMARY OF DISPUTE AND FINDINGS**

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
08-30-05 to 07-17-06	Neurontin and Propoxyphn	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
	<u>TOTAL DUE</u>		\$0.00

**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 **did not prevail** on the disputed medical necessity issues.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

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

**PART VII: DIVISION FINDINGS AND DECISION**

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 not entitled to reimbursement for the services involved in this dispute.

**Findings and Decision by:**

11-15-06

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Date of Findings and Decision

**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.**

# ZRC MEDICAL RESOLUTIONS

November 9, 2006

REVISED NOVEMBER 10<sup>TH</sup> 2006

Re: MDR #: M5 06 2184 01 Injured Employee: \_\_\_  
DWC #: \_\_\_ DOI: \_\_\_  
IRO Cert. #: 5340 SS#: \_\_\_

**TRANSMITTED VIA FAX TO:**

**TDI, Division of Workers' Compensation**

Attention: \_\_\_

Medical Dispute Resolution

Fax: (512) 804-4868

**RESPONDENT:** Arch Insurance Company

**REQUESTOR:** \_\_\_

**TREATING DOCTOR:** Easwar Sundaram, Jr.

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC 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 president of ZRC Medical Resolutions, 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 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 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. Your case was reviewed by a physician who is a board certified in physical medicine and rehabilitation and is currently listed on the DWC Approved Doctor List.

This decision by ZRC Medical Resolutions, Inc. is deemed to be a DWC decision and order.

## 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.

Sincerely,  
Jeff Cunningham, DC  
President

### **REVIEWER'S REPORT M5 06 2184 01**

#### MEDICAL INFORMATION REVIEWED:

Examination and reports of John C. Saunders, M.D., Eswar M. Sundaram, Jr., M.D., Claudia McDonald, and K. L. Blanchette, M.D. with Rehabcorp, Inc.

#### BRIEF CLINICAL HISTORY:

This individual was originally injured on \_\_\_ at which time she had been pushing a cart at the \_\_\_\_\_ and felt her knee pop. She was identified with a knee injury, ultimately resulting in surgery to the left knee in spite of conservative care. Following surgery on 06/01/01 by Dr. Bender where there was noted to be medial cartilage injury, she had reasonably good resolution of her knee symptoms. She also began reporting problems of pain in her lower back with some radiation to the left leg. Due to her continuing complaints of pain, she has received prescription medications from Dr. Sundaram for Darvocet and Neurontin.

#### DISPUTED SERVICES:

The items in dispute consist of prescriptions for Neurontin and propoxyphene (Darvocet), which have been denied as unnecessary based on a medical peer review code W9.

#### DECISION:

I AGREE WITH THE DETERMINATION MADE BY INSURANCE CARRIER IN THIS CASE.

#### RATIONALE OR BASIS FOR DECISION:

The Medical Dispute Resolution Request was submitted by the injured worker, \_\_\_, with only the completion of the dispute resolution form and TWCC-62 explanation of benefits

for prescriptions that were denied and presumably not paid for. There is no submission on the part of the injured worker for medical response to the lack of medical necessity issue, which the carrier has raised as a result of the retrospective peer review performed on 04/04/06 and 03/29/05 by Dr. Blanchette. Review of the carrier's response to the dispute provides copies of the various medical records and in particular the peer review that was done by Dr. Blanchette as well as numerous followup evaluations by the prescribing physician, E. M. Sundaram, Jr., M.D. In review of the medical followup records from Dr. Sundaram, there is no indication as to any objective measure of specific benefit the patient has received in taking the Darvocet and the Neurontin. In addition to the lack of any evidence-based medical support for the use of Neurontin for radiculitis-type pain, a prescription is indicated to be at a below-therapeutic range for any likely benefit from this medication. The patient has been prescribed the Neurontin at 300 mg 3 times a day and the Darvocet on an as-needed basis. There is no information presented on the part of the requestor for this review to support the medical necessity for these medications.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

In addition to professional and prescription experience, the screening criteria would include evidence-based guidelines from the American College of Occupational and Environmental Medicine along with the MBA.