

May 20, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0392-01
IRO Certificate No.: 5055

Dear:

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). Texas Workers' Compensation Commission Rule 133.308 "Medical Dispute Resolution by an Independent Review Organization", effective January 1, 2002, allows an injured employee, a health care provider and an insurance carrier to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Neurology and Pain Management.

THE PHYSICIAN REVIEWER OF THIS CASE **AGREES** WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

I am the Secretary and General Counsel of ___ 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 any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by your five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P. O. Box 40669
Austin, TX 78704-0012

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 the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on May 20, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is ___ for ___. I have reviewed the medical information forwarded to me concerning Case File #M2-02-0392-01, in the area of Neurology and Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

A rather large chart with multiple documents was included for review. The most recent notes within the last couple of years pertaining to the request for morphine pump implantation were reviewed.

B. SUMMARY OF EVENTS:

The detailed summary will not be repeated here today, though suffice it to say that this patient has had a rather long course of multiple treatment attempts for her pain condition, including multiple surgeries and multiple injections, physical therapy attempts, etc. It appears that her current treatment regimen, from the latest notes by ___, dated December 3, 2001, indicate her present medications include Duragesic patch at 75 mcg per hour every three days, Arthrotec, Premarin, Ziac, and Effexor.

C. OPINION:

I AGREE WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE.

I do not feel that a need for a morphine pump trial is present at this time, since there is no documentation in the most recent notes available indicating any adverse effects from systemic administration of opioids such as the Duragesic patch. Though she is on a moderate dose of Duragesic at this time, the dosage can be increased for greater efficacy as long as it is being tolerated. Again, I do not see any mention of any side effects from her current regimen of medications that would place a limit on the dosage being used.

Also, if not considered recently, a psychological or psychiatric evaluation may be considered prior to any major invasive-type treatment options, to rule out any possibility of a current and ongoing major depressive-type condition, which can certainly interfere with any successful outcome from any treatment attempt, but can also influence the decision regarding use of opioids in general, etc.

If purely a symptomatic treatment plan is pursued, and either oral long-acting opioids or the Duragesic patch prove to be poorly tolerated at higher doses, so that adequate pain relief cannot be achieved without exposing the patient to significant side effects, then a morphine pump trial may be reasonable. However, I once again emphasize that consideration should be given toward a psychiatric evaluation prior to such intervention or trial.

D. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material

is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 19 May 2002