

**MEDICAL CONTESTED CASE HEARING NO 24003**

**Decision**

For the reasons discussed below, the administrative law judge decides:

The claimant is entitled to Cyclobenzaprine 5 mg #15, DS30 and Percocet 10/325 mg #90, DS30, for the compensable injury of (Date of Injury).

**Statement of the Case**

The claimant appealed the decision of the Independent Review Organization in Case Number (Number). Judge Robin L. Holm held a hearing for this appeal on May 7, 2024, with the record closing on May 10, 2024, to decide the following:

Is the preponderance of the evidence contrary to the decision of the Independent Review Organization that the claimant is not entitled to Cyclobenzaprine 5 mg #15, DS30 or Percocet 10/325 mg #90, DS30, for the compensable injury of (Date of Injury)?

The record was reopened to clarify the issue and closed on May 10, 2024.

**Persons Present**

The claimant appeared and was assisted by MH, ombudsman. The insurance carrier appeared and was represented by JF, attorney. PS was an observer.

**Evidence Presented**

The following witnesses testified:

For the claimant:	The claimant, Dr. SD, and CR
For the insurance carrier:	None

The judge admitted the following exhibits into evidence:

Judge's Exhibit:	ALJ-1
Claimant's Exhibits:	C-1 through C-51
Insurance Carrier's Exhibits:	CR-A through CR-H

The claimant affirmed there were 2317 pages of Claimant's Exhibits. The insurance carrier affirmed there were 53 pages of Insurance Carrier's Exhibits.

### **Discussion**

The claimant was injured at work on (Date of Injury), when she was assisting with an office move and a sofa hit her on the back of her neck. The claimant testified that she had multiple surgeries and developed a severe case of reflex sympathetic dystrophy.

The claimant treated with Dr. SD, a pain management doctor, who recommended the disputed treatment. Preauthorization from the insurance carrier's utilization review agent was requested and denied.

The claimant then requested an Independent Review Organization review of the denials. In the decision letter dated February 27, 2024, the Independent Review Organization agreed with the insurance carrier's denials.

Preauthorization was denied because Cyclobenzaprine was not recommended for use with an opioid and should be used for acute conditions. The Percocet was denied in part because there was no documentation of urine drug screens to demonstrate ongoing compliance or documentation of at least 30% improvement in pain and functioning. The Independent Review Organization noted there were no specific physical exam findings to warrant the muscle relaxer, and the records did not detail recent risk assessments for compliance or demonstrating the extent of pain relief or functional improvement. The claimant is now appealing the Independent Review Organization decision.

To determine if treatment is medically necessary, Texas law requires the Division of Workers' Compensation to use treatment guidelines. These guidelines must be evidence-based, scientifically valid, and outcome-focused. Use of these guidelines ensures that an injured employee will receive reasonable and necessary health care. The Division uses the current edition of the *Official Disability Guidelines*. If the *Official Disability Guidelines* does not address the requested treatment, then other guidelines or generally accepted standards of practice recognized in the medical community are used.

The claimant relied on her testimony, the medical records in evidence, and the opinion of Dr. D to support her position of entitlement to the disputed treatment. The insurance carrier relied on the medical records in evidence and the opinions of the utilization review agents and Independent Review Organization to support its position that the claimant is not entitled to the requested treatment.

Dr. D testified that the claimant was able to function because of the use of the Percocet. Dr. D also submitted documentation that the claimant meets the Guidelines for Percocet. Dr. D further testified that because of the reflex sympathetic dystrophy the claimant had muscle contracture and muscle spasms and took the Cyclobenzaprine on an as needed basis.

Dr. D provided a persuasive explanation of how the claimant met the criteria for the Cyclobenzaprine and Percocet. The *Official Disability Guidelines* supports the necessity of the disputed medications. Therefore, the preponderance of the evidence is contrary to the decision of the Independent Review Organization that the claimant is not entitled to Cyclobenzaprine 5 mg #15, DS30 or Percocet 10/325 mg #90, DS30, for the compensable injury of (Date of Injury).

The judge considered all the evidence admitted and based the findings of fact and conclusions of law on the evidence, even if the judge did not specifically discuss all the evidence.

### **Findings of Fact**

1. The parties stipulated to the following facts:
  - A. The (City) field office is the proper location for the hearing.
  - B. On (Date of Injury), the claimant was an employee of (Employer).
  - C. On (Date of Injury), the employer provided workers' compensation insurance with State Farm General Insurance Company.
  - D. The claimant sustained a compensable injury on (Date of Injury).
  - E. The Independent Review Organization determined that the claimant is not entitled to Cyclobenzaprine 5 mg #15, DS30 and Percocet 10/325 MG #90, DS30.

2. The insurance carrier delivered to the claimant a document stating the true corporate name of the insurance carrier, the name of the insurance carrier's registered agent, and the registered agent's street address, which was admitted into evidence.
3. Cyclobenzaprine 5 mg #15, DS30 and Percocet 10/325 MG #90, DS30 is health care reasonably required for the compensable injury of (Date of Injury).

### **Conclusions of Law**

1. The Texas Department of Insurance, Division of Workers' Compensation, has jurisdiction to hear this case.
2. Venue is proper in the (City) Field Office.
3. The preponderance of the evidence is contrary to the decision of the Independent Review Organization that Cyclobenzaprine 5 mg #15, DS30 and Percocet 10/325 MG #90, DS30 is not health care reasonably required for the compensable injury of (Date of Injury).

### **Order**

The insurance carrier is liable for the benefits at issue in this hearing. The claimant remains entitled to medical benefits for the compensable injury in accordance with Section 408.021.

The true corporate name of the insurance carrier is **STATE FARM GENERAL INSURANCE COMPANY**, and the name and address of its registered agent for service of process is:

**CORPORATION SERVICE COMPANY  
211 E 7TH STREET, SUITE 620  
AUSTIN, TEXAS 78701-3218**

Signed on May 10, 2024.

Robin L. Holm  
Administrative Law Judge