



IRO REPORT

DATE OF REVIEW: 7/17/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical necessity for the previously denied request for drug screening.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas licensed Occupational Medicine M.D.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

The previously denied request for drug screening.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Notice to INC. of Case Assignment dated 6/28/07.
- Document Notes dated 6/28/07.
- Fax Cover Sheet dated 6/27/07.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 6/22/07.
- Section I – Name of Party Requesting IRO dated 6/21/07.
- Claim Mail Log dated 6/13/07.
- Health Insurance Claim Form dated 6/12/07.
- Request for Review Form dated 6/12/07.

- Request for Reconsideration Letter dated 5/9/07.
- Denial Information dated 4/6/07.
- Comprehensive Pain Management / History and Physical dated 4/6/07.
- Explanation of Benefits dated 4/6/07.
- Article dated (unspecified).

PATIENT CLINICAL HISTORY [SUMMARY]:

Age:

Gender: Male

Date of Injury:

Mechanism of Injury: Not provided for review.

Diagnosis: Chronic pain syndrome.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

On or before 3/6/07, this patient's primary physician, a Dr. referred this patient to a pain management clinic. On 3/23/07, this man filled a prescription written by a Dr. M.D., for a 30-day supply of hydrocodone with acetaminophen 5mg/500mg and for a 5-day supply of methadone 10 mg. On 3/24/07, this patient filled a prescription written by NP, for a 30-day supply of Zanaflex 4 mg. The exam(s) prior to this were not available for this reviewer. On the follow-up examination of 4/6/07, NP noted that the patient had chronic non-dermatomal painful "electrical sensations" in his left face, relieved by unspecified medication and provoked by unspecified "weather." "Humpal physical therapy helped a lot." The past history included an epidural steroid injection on 11/9/06 at the C5-6 level, but the indications, injection side and results were not reported. Current medications included: Lyrica (pregabalin), Zanaflex (zanidine), Cymbalta (duloxetine), Dolophine (methadone) and Provigil (modafinil). On the review of symptoms, he reported crying spells and blurry vision, which were not further delineated. He also reported that his post traumatic vertigo was relieved by 2 weeks of Provigil such that he could climb ladders. On exam, cranial nerves II-XII were intact. Grip strength, shoulder abduction, elbow flexion, and elbow extension were all 5/5 bilaterally. Neck range of motion was not reported. Biceps deep tendon reflexes were 1+ on the right and 2+ on the left. Brachioradialis were both 2+. Triceps deep tendon reflexes were both absent. Upper extremity sensory exam was not reported. The patient requested an orbital injection. He was given a 30-day refill of his medications, advised to return in one month, and a drug screen was obtained for unspecified reasons. The test came back positive for opiates, phencyclidine (PCP), oxycodone and the methadone, and negative for amphetamines, cocaine, marijuana, methamphetamine, barbiturates and benzodiazepines. Given that this patient was already taking prescribed controlled medications, a routine drug screen was not medically indicated. It is possible that the positive PCP test was a cross-reaction with a prescribed medication. This reviewer has only a small picture of all the medications this patient has been prescribed. Even if this patient illegally took PCP, that would not be an indication even in retrospect for routine drug screening every patient referred for pain management. It should also be noted that the following guideline does NOT recommend routine drug screening: Official Disability Guidelines, Treatment Index, 5th. Edition, 2006/2007 Pain Section-Medications for subacute to chronic pain "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference.

Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded."

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE.
- AHCPR – AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES.
- DWC – DIVISION OF WORKERS’ COMPENSATION POLICIES OR GUIDELINES.
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN.
- INTERQUAL CRITERIA.
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS.
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES.
- MILLIMAN CARE GUIDELINES.
- ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND PRACTICE PARAMETERS.
- TEXAS TACADA GUIDELINES.
- TMF SCREENING CRITERIA MANUAL.
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION).
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).