



IMED, INC.

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IRO REVIEWER REPORT

DATE OF REVIEW: 07/16/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Drug Screens (2 units). Date of service: 03/30/07.

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

Texas License and currently on TDI DWC ADL.
Board Certified in Pain Management
Board Certified in Anesthesiology
Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME:

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

Overtured. Requestor to be paid \$76.96, the amount due per medical fee guideline.

Primary Diagnosis Code	Service Being Denied	Type Billing Modifier	Type of Review	Dates of Units Service	Date Amount Billed	Date of Injury	Amount Due Upheld/ Overturned	From Medical Fee Guideline
724.5	80801		Retro	2	03/30/07	\$150.00	Overtured	\$76.96

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Multiple dates - 03/21/01 thru 05/09/07 – M.D.
2. 07/05/05 –, PA.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The records indicate treatment by Dr. for a diagnosis of bilateral lumbosacral radiculopathy, discogenic pain, and facet syndrome. The employee was previously diagnosed with

radiculopathy, lumbar stenosis, status post L4-L5 fusion with failed lumbar syndrome. He has been through extensive treatment including injections, therapy, surgery, and medication management primarily by Dr. The employee has been maintained on numerous medications documented by Dr. He began seeing Dr.. The last note available indicated continued follow-ups on a monthly basis. A drug screen was done indicating the presence of Methadone in the absence of any illicit street drugs. The recommendation was to follow-up in one month with urine drug screen at the next visit.

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

I was asked to review the necessity of drug screen. The employee has been acquiring opiate medication, which are triplicate prescriptions and do require follow-up maintenance management and evaluations for toxicity, side effects, and abuse. It appears the employee has been stable over the last several years and it would be reasonable for quarterly office visits be appropriate in a stable employee without requiring any changes in medications or other treatments. Urine drug screening is also necessary to verify if the employee has been taking the medication and not taking any other elicits substances or street drugs. Any of these situations may indicate a termination of medications and dismissal from any pain management clinic. Urine drug screening is the only way to ascertain that a employee has been taking the medications the right way, taking too much or too little, and checking for evidence of diversion or the presence of illicit substances. It is commonly done on a random basis and not done on a monthly basis, unless one was to initiate treatment with other medications. In this instance, in a stable employee, I would opine that random drug screen be highly reasonable for this condition.

If the decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

- A. *Official Disability Guidelines*
- B. *Standard Pain Management Textbook*