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IRO NOTICE OF DECISION – WC

DATE OF REVIEW: 07-07-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Random Drug Screen Test of 04-06-07

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

Certified by Board of Anesthesiology
General Certificate in Anesthesiology

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Injury Date	Claim Number	Review Type	Begin Date	End Date	ICD-9 DSMV	HCPCS/ NDC	Upheld/Overturned
		Retrospective			724.5	80101	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Letters Dated 06-28-07 and 06-29-07
 Table with Disputed DOS of 02-12-07
 Evaluations dated 11-15-06, 12-20-06, 01-10-07, 02-16-07, 03-09-07, 04-06-07
 Laboratory Report dated 04-06-07
 Explanation of Benefits for DOS of 04-06-07

PATIENT CLINICAL HISTORY:

The claimant has a history of left knee/back pain. Lortab was prescribed for pain and it was noted that the claimant could not tolerate the side effects of sleepiness and requested to be switched to Ibuprofen.

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

According to the history and physical, the claimant did not have a history of alcohol or substance (illicit drug) abuse. Family history is also negative for illicit drug use. Therefore, a random drug screen is inappropriate in this case. In addition, the drug screen report was negative for all drugs. In a claimant who has no history, past or present or any other indications of illicit drug use/substance abuse, a random drug screen is not warranted.

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 & 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)**