



# Lumetra

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 11/11/08

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Urine toxicology screens done on 3/31/08 and 6/2/08.

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

Certified by the American Board of Anesthesiology  
Anesthesiology – General  
Pain Medicine – Subspecialty

### **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)

Injury date	Claim #	Review Type	Begin Date	End Date	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Retrospective	03/31/08	06/02/08	V58.69	80154	Overturned
		Retrospective	03/31/08	06/02/08	V58.83	82145	Overturned
		Retrospective	03/31/08	06/02/08	723.1	82520	Overturned
		Retrospective	03/31/08	06/02/08	V58.69	82570	Overturned
		Retrospective	03/31/08	06/02/08	V58.83	83840	Overturned
		Retrospective	03/31/08	06/02/08	721.1	82205	Overturned
		Retrospective	03/31/08	06/02/08	V58.69	83925	Overturned
		Retrospective	03/31/08	06/02/08	V58.83	83986	Overturned
		Retrospective	03/31/08	06/02/08	723.1	83992	Overturned

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		Retrospective	03/31/08	06/02/08	V58.69	84311	Overtured
		Retrospective	03/31/08	06/02/08	V58.83	80101	Overtured
		Retrospective	03/31/08	06/02/08	723.1	82542	Overtured

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Request for review by an independent review organization  
Medical notes dated 1/24/05, 2/24/05, 4/17/05, 5/11/05, 8/25/05, 11/8/05, 3/1/07,  
3/20/07, 4/4/07, 4/30/07, 8/8/07, 1/28/08, 2/22/08, 3/31/08, 4/1/08,  
5/12/08, 6/2/08, 7/2/08, 7/30/08, 8/27/08  
Bill Viewers dated 9/21/07, 10/4/07, 3/31/08, 5/13/08, 6/2/08  
Peer Review Report dated 11/18/07  
Work Status Reports  
Physical Performance Exams dated 1/24/05, 3/23/07  
Official Disability Guidelines not provided

**PATIENT CLINICAL HISTORY:**

This patient has a work-related injury date of xx/xx/xx. She has complaints of cervical and bilateral upper extremity pain. The patient describes developing bilateral wrist pain in 1998 secondary to carpal tunnel syndrome caused by excessive typing at work. She is status-post bilateral carpal tunnel release surgeries, performed in 1998 and 1999.

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

Per review of the medical records, the patient has "cervical radiculopathy in the form of cervical facet syndrome, and presenting with sharp neck pain which radiates into bilateral upper extremities, left greater than right", as stated in a progress note dated 6/2/08.

Physical examination reveals "decreased cervical range of motion, positive Jackson compression test, positive cervical distraction test, moderate paracervical and parathoracic myospasticity, and -2 deep tendon reflexes bilaterally, in the absence of upper extremity wasting." The provided medical documentation did not contain MRI or EMG reports to support the physical

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complaints. The patient rates her pain at 7-8/10 on 6/2/08. The patient is on the following medications for management of her chronic pain symptoms:

Kadian 30 mg, 1 tab po tid

Hydrocodone/acetaminophen 10/325 mg, 1 tab po q 6 hours prn  
breakthrough pain

Neurontin 300 mg, 1 po qid

Zoloft 100 mg, 1 po bid

Indocin 25 mg, 1 po tid

Zanaflex 4 mg, 1 po tid

Ambien 10 mg, 1 po qhs

The Reviewer noted that the patient is currently taking long-acting and short-acting opioids, an anticonvulsant, an antidepressant, a non-steroidal anti-inflammatory, an antispasticity/antispasmodic and a sedative hypnotic for management of her chronic, non-malignant pain symptoms. Despite this aggressive medication regimen, the patient continues to complain of 7-8/10 pain and is unable to work secondary to her chronic pain symptoms.

The Reviewer commented that while a patient is being maintained on chronic opioid therapy, it is recommended that random urine drug screens be performed to evaluate for use of illicit substances, use of other controlled substances not prescribed by the treating physician, and absence of prescribed substances for the urinalysis (indicating diversion). While the urine toxicology screen does not need to be performed on every visit, unless suspicion arises relating to the above reasons for screening, it should be performed "randomly" so as not to allow the patient to know when they will occur. In the Reviewer's opinion, it is reasonable that urine toxicology screens were obtained on this patient on 3/31/08 and 6/2/08.

**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)