Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 17, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The medical necessity of the Urine Drug Screening testing preformed on 12.1.2011, which included CPT codes: 82145, 82205, 82520 X2, 83840 X2, 83925 X2, 83992 X2, 80154, 80299 X2

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

☐ Upheld (Agree)
XX Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
719.44	82145		Retro	1	12.1.2011	$50.00			Overturned
719.44	82205		Retro	1	12.1.2011	$45.00			Overturned
719.44	82520		Retro	2	12.1.2011	$100.00			Overturned
719.44	83840		Retro	2	12.1.2011	$100.00			Overturned
719.44	83925		Retro	2	12.1.2011	$150.00			Overturned
719.44	83992		Retro	2	12.1.2011	$100.00			Overturned
719.44	80154		Retro	1	12.1.2011	$70.00			Overturned
719.44	80299		Retro	2	12.1.2011	$100.00			Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-18 pages
Respondent records- a total of 10 pages of records received to include but not limited to: TASB letter 8.812; toxicology, 12.8.11; note 12.1.11
Requestor records- a total of 67 pages of records received to include but not limited to: notes 12.9.11-8.17.12; prescription record; Physician Order; UDT results; ODG regarding UDT; Pain Physician 2012, Urine Drug Testing: Current Recommendations and Best Practices, Owen, Passik, et al 2012; Urine Drug Testing: Practical Guidelines for Clinicians; Universal; Precautions in Pain Medicine: A Rationale Approach to the treatment of Chronic Pain; HCFA DOS 12.1.11; EOB DOS 12.1.11; Dale Billing Resources, LLC 6.1.12; letter requesting IRO

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The denial is overturned. The rationale is provided in the literature provided for review and in community standards. There is no high level evidence based study which would defend the denial of urine drug testing on the basis of prior negative testing, in fact, quite the contrary. There are numerous instances of complications from prescription medications, including death, throughout the medical literature and more recently, the lay press, as well as releases from the Drug Enforcement Agency.

Pain management best practices mandates urine drug testing on patients being treated for chronic pain using chronic Opioid therapy. This particular patient has pain which, based upon a review of the available records, is completely out of proportion to the injury. Patient safety has to be paramount. Patients are skilled at manipulating detection methods and an initial or subsequent negative test can not in any way presume a future negative test. If this were the case, there would never be a reason for future urine drug testing. It is common for patients to mix street drugs with prescribed drugs. Ultimately, the penalty for being wrong can mean overdose or other medical catastrophe.

As noted in the Urine Drug Testing: Current Recommendations and Best Practices; Owen, Passik, et al 2012, "any well meaning physician willing to prescribe chronic opioid therapy, will be misled on occasion, but failure to screen for and take corrective action when aberrant behaviors are recognized, is poor practice. The frequency of testing has to be based upon the individual patient and upon the treating physician's understanding of the addictive behavior in any given patient. As noted, a patient's willingness to add additional drugs, including street drugs, cannot be underestimated at any time during the treatment process.

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
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- XX 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
- XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (Urine Drug Testing: Current Recommendations and Best Practices; Owen, Passik, et al 2012; Urine Drug Testing: Practical Guidelines for Clinicians; Universal; Precautions in Pain Medicine: A Rationale Approach to the treatment of Chronic Pain)