



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

Notice of Independent Review Decision

DATE OF REVIEW: 9/25/2012

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Payment for and Request for retrospective review of a complete urine drug screening rendered on 03/27/2012.

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

M.D. Board Certified Physical Medicine and Rehabilitation.

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)



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INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	8/03/2012
TASB Risk Management Fund Explanation of Medical Benefit	3/27/2012 8/08/2012 8/08/2012
Office Visit Note	3/27/2012
Request for Independent Review Lab Report Urine Drug Test Report Supporting Documentation for Independent Review	7/31/2012 4/03/2012 3/27/2012 8/10/2012
Request for Reconsideration	6/04/2012
Article on Urine Drug Testing Current Recommendations and Best Practices	July 2012

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant has chronic knee pain. She has been using Nucynta for management of her pain. A urine drug screen was ordered by Dr. At the time of ordering, the notes do not indicate the reason for ordering the test. Following the drug screen there was a follow-up appointment with Dr. There is no mention of the drug screen or the use of Nucynta.

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

The request for urine drug screening does not meet the ODG recommendations. The ODG does list criteria for the use of the drug screen. Before ordering, the clinician should be clear as to the indication for use. They should document the reason for testing, such as checking for illegal drug use or if they are trying to determine compliance with medications, and explain a reason to assume that the patient would lie about whether or not they are taking a prescribed medication. Patients who are considered at low risk for adverse events may be tested no more than twice a year. Documentation of the reasoning behind the frequency of testing, as well as the need for confirmatory testing, is required including evidence of some sort of risk assessment.



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**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