

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective drug screen from 5/9/13 **was not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/12/2013 disputing the Utilization Review Denial dated 6/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/13/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective drug screen from 5/9/13 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 3, 2013.

“The, patient is a 32 year old male with a date of injury of 3/1/2013. Under consideration is the retrospective request for 1 drug screen which was performed on 5/9/2013.

“A review of the submitted documents revealed that per the progress report dated 5/9/2013, the patient was being treated for fracture of the tibia and fibula as well as lumbago. The patient reported pain in the head, neck, left shoulder and upper back. Additionally he indicated that his pain, which was frequent and of moderate intensity, was associated with numbness in the left arm and weakness in the right leg. His pain scores ranged from 5-6/10 at best to 9/10 at worst with an average pain of 7/10. He further noted that his pain was aggravated by bending, reaching, kneeling, stooping, and crawling while it was relieved with medication, rest, ice, bracing and elevating the affected area. The patient expressed his functional limitations within the past month were that he was not socializing with friends, exercising, performing household chores, participating in recreation, caring for himself or going to work. However, he reported his symptoms were improving since his injury. Relevant objective findings noted by the provider included tenderness to palpation over the bilateral lumbar paraspinal muscles, right leg in rigid boot, right ankle range of motion decreased 0%, tenderness over the right shin, and decreased sensation distal to right mid shin as well as well healed surgical scars to the right foot and intact vascular status. The provider prescribed and dispensed Ultram ER 150mg twice a day as needed, omeprazole 20mg twice a day and trazadone 50mg 2 at bedtime for pain induced insomnia and mood stabilization. Additional treatment included a request for 10 chiropractic physiotherapy visits to focus on spinal treatments, soft tissue modalities and core stretching and strengthening. Other treatment to date had consisted of cold packs, Medrox patch, and an ankle brace. The patient's work status was temporarily totally disabled.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/12/13)
- Utilization Review determination from [REDACTED] (dated 7/3/13)
- Employee medical records from [REDACTED] MD (dated 4/12/13-6/6-13)
- Employee medical records from [REDACTED] (dated 5/9/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 74-78, 80-81, 98-99

1) Regarding the retrospective drug screen from 5/9/13:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg 94-95, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that MTUS did not address the disputed issue and referenced the Official Disability Guidelines (ODG), Urine Drug Testing, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related fall injuring the right foot and back on 3/1/13. Medical records provided and reviewed indicate open reduction with internal fixation of the right tibia on 3/3/13. The medical record of 4/12/13 indicates the employee has been prescribed Ultram ER 150 mg for pain management. California MTUS does specify the frequency of urine drug screens for "patients who are at high risk of abuse to avoid addiction", therefore, the Official Disability Guidelines (ODG) on Urine Drug Testing were referenced. The medical records reviewed do not indicate any initial risk stratification was carried out prior to starting the employee on Ultram. Per the guidelines, the risk stratification would indicate whether the employee would fall into the category of low, intermediate, or high risk of adverse outcomes, which would then determine the frequency of urine drug screens to be performed. As the risk stratification for this employee is not clear from the medical records provided for review, the drug screen from 5/9/13 **was not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.