

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/12/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	9/30/1998
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011677

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **urine drug screen (DOS 06/12/2013) is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/24/2013. 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 request for **urine drug screen (DOS 06/12/2013) 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 Physician Medicine & Rehabilitation 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.

Expert Reviewer Case Summary:

The patient is a 58-year-old female who reported an injury on 09/30/1998 with a mechanism of injury being the patient slipped and fell in a bathroom at work. The patient was noted to be at low risk for drug seeking behavior. The patient was noted to wish for increased function and improved pain control without the use of medications. The documentation stated the patient had no side effects from medications and no abusive behaviors. The patient's diagnosis were stated to include cervicgia, pain in joint, shoulder region and unspecified myalgia and myositis. The plan was noted to include a urine drug screen.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the retrospective request for urine drug screen (DOS 06/12/2013):

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based guidelines for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids On-Going Management, page 78, which is a part of MTUS.

Rationale for the Decision:

CA MTUS Guidelines recommend the use of drug screening or inpatient treatment for patients with issues of addiction, abuse, or poor pain control. The medical records submitted for review indicate the employee was noted to have an interdisciplinary assessment on 02/28/13 which additionally revealed the employee was at low risk for aberrant behaviors. The second provider's report of 06/12/13 it was documented that the employee was prescribed the medications Duragesic and Nucynta, and that the employee was noted to have no side effects from the medications and no abusive behaviors. Additionally, it was stated the employee would like to complete ADLs without medications and would like to have increased function and improved pain control. The clinical documentation submitted for review indicated the employee had a low risk and had no abusive behaviors related to drugs. **The retrospective request for urine drug screen (DOS 06/12/2013) is 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sce

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.