

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/16/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/7/2013
Date of Injury:	12/22/2012
IMR Application Received:	8/26/2013
MAXIMUS Case Number:	CM13-0016111

- 1) MAXIMUS Federal Services, Inc. has determined the request for **urinalysis is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/26/2013 disputing the Utilization Review Denial dated 8/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 request for **urinalysis 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This 30 year old male was injured on 9/22/2012. The mechanism of injury was foreign body insult to the left eye. Surgical removal of the foreign body was performed. The requesting provider's medical reports dated from 01/2013 to 10/2013 stated that the patient complained of burning and redness of the left eye. Objective: left eye conjunctival redness. Diagnosis: left eye injury. Treatment plan and request: oral nsaid, diphenhydramine, Gabapentin, Flexeril, Tramadol, diclofenac cream, and periodic toxicology screen of urine.

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

1) Regarding the request for urinalysis:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Pain Chapter, Criteria for Use, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, and criteria for use: page 89; Opioids, steps to avoid misuse: page 94, which are part of the MTUS; and Official Disability Guidelines (ODG) Opioids: criteria for use, ongoing management, which is not part of the MTUS.

Rationale for the Decision:

This 30 year old employee has reported chronic left eye burning and redness. The employee has been diagnosed with a left eye injury. The available medical records show prescribing of oral nsaids, diphenhydramine, Tramadol, Flexeril, diclofenac cream and Gabapentin. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. **The request for urinalysis 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

/cmol

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.