
Notice of Independent Medical Review Determination

Dated: 9/6/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 10/24/2010
IMR Application Received: 7/16/2013
MAXIMUS Case Number: CM13-0001678

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 a urine drug screen **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, 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 July 5, 2013.

According to available documentation, [REDACTED] was involved in an industrial-related incident on 10/24/10. Treatment has consisted of occupational medicine, medications, diagnostics, physical therapy, epidural steroid injections providing no relief and 9 chiropractic sessions. The patient was evaluated in Dr. [REDACTED] office on 05/09/13. It was noted two epidural steroid injections had been done as well

as physical therapy and chiropractic physiotherapy without lasting benefits. The patient had been evaluated by a spine surgeon; however, declined any surgery. The patient was complaining of pain in the mid and low back with radiation to both arms, both legs, both ankles, and both feet. There was associated tingling in the legs, numbness in the hands and feet, and weakness in the legs and feet. The patient stated her symptoms had been worsening since the injury and was having functional limitations. It was noted she will receive a TENS unit in the next couple of days. Examination noted limited lumbar range of motion with tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasm, sciatic notch tenderness, positive lumbar facet loading maneuver bilaterally, positive straight leg raise on the right in the seated and supine positions; full motor strength. Sensory examination noted diminished sensation in the right L5 and S1 dermatomes on the lower extremity, deep tendon reflexes were normal. Diagnosis was lumbar radiculitis and depression. Recommendation was for continued conservative management with oral medications. Recommendation was for Ultram ER 150 mg and naproxen 550 mg. A urine drug screen was performed on that visit; however, there was no notation in the provider's report of a need for 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 for Independent Medical Review
- Letter from Claims Administrator regarding documents sent to MAXIMUS
- Utilization Review Documentation by [REDACTED] (dated 7/5/13)
- Medical Records by [REDACTED], M.D. (dated 8/16/12 to 10/18/12)
- Medical Records by [REDACTED], M.D. (dated 9/4/12 to 1/2/13)
- Follow-up [REDACTED] (dated 8/22/12)
- Disability Questionnaire (dated 9/18/12)
- QME/AME Legal Report (dated 10/15/12)
- Qualified Medical Evaluation by [REDACTED], M.D. (dated 9/18/12)
- Medical Records by [REDACTED] (dated 3/15/13 to 6/13/13)
- Lab Reports by [REDACTED] (dated 5/24/13)
- Full Copy of California Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a urine drug screen:

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

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section of the MTUS. The Claims Administrator also cited the Official Disability Guidelines (ODG) – Pain Chapter, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 43 and 77-78, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 10/24/2010 and has experienced mid and low back pain with radiation to both arms, both legs, both ankles, and both feet. The employee has also experienced tingling in the arms, numbness in the hands and feet, and weakness in the legs and feet. The utilization review determination letter indicates the diagnosis is lumbar radiculitis and depression. Treatment has included occupational medicine, medications, diagnostics, physical therapy, epidural steroid injections, and chiropractic physiotherapy, without lasting benefits. A request was submitted for a urine drug screen.

The MTUS Chronic Pain Guidelines indicate a urine drug screen is recommended to assess for the use or the presence of illegal drugs. The MTUS Chronic Pain Guidelines also indicate the four most relevant domains for ongoing monitoring of chronic pain patients on opioids are: pain relief; side effects; physical and psychosocial functioning; and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors.

The medical records submitted and reviewed do not include a rationale for the requested drug screen. A drug screen report dated 5/24/13 was positive for Oxazepam, Temazepam, Tramadol, Amitriptyline and Nortriptyline. Medications

prescribed at that time were noted to be Tramadol, Naprosyn, and Prilosec. A physician's note dated 6/6/2013 fails to discuss the drug screen, its findings, or the rationale for performing it initially. The records indicate the employee was an apparent low risk and there is no indication of aberrant behavior. The documentation submitted does not support the request. The request for a urine drug screen 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;

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

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

/dj

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.