

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	11/13/2008
IMR Application Received:	7/17/2013
MAXIMUS Case Number:	CM13-0001927

- 1) MAXIMUS Federal Services, Inc. has determined the request for **outpatient random urine toxicology screen as baseline and up to four (4) times per year or every 90 days is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 **outpatient random urine toxicology screen as baseline and up to four (4) times per year or every 90 days** 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.

Expert Reviewer Case Summary:

This claimant is an apparent 56-year-old female with a reported date of injury of 11/13/2008. The mechanism of injury is described as lifting a box at work and hearing something in her back, like something had snapped, and feeling like she could not move. Diagnoses include longstanding and pre-existing dysthymic disorder, aggravated into a major depressive disorder; probable pain disorder associated with both psychological factors and a general medical condition; psychological factors affecting medical condition with respect to headaches; bereavement; consideration for iatrogenic opiate dependence; back and leg pain and neck pain. She was seen on 07/24/2013 for a Panel Qualified Medical Examination in psychiatry by [REDACTED]. When she was seen on 07/24/2013, she admitted to prescription drugs, including Norco 10/325 mg once every 6 hours as needed, but she did admit to taking it once every 5 hours; and she also took Zomig, dosage not recalled, 3 times per day. She reported a cognitive impairment with experiencing problems with memory. She admits to her first back surgery in 09/2009; and after that, her depression was rated at a 4/10 as she thought she might get better. She reported remaining at work until 08/2011; at which time, she was taken off work due to having a second surgery on 08/12/2011. The current treatment plan is to obtain an outpatient random urine toxicology screen as a baseline and up to 4 times per year or every 90 days.

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 Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for request for an outpatient random urine toxicology screen as baseline and up to four (4) times per year or every 90 days :**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 Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug Testing, page 43, and Opioids, page 78, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines recommend drug testing as an option using a urine drug screen to assess for the use or the presence of illegal drugs, and advocate the use of the 4 A's for monitoring patients on opioids. This would include analgesia, activities of daily living, adverse side effects and aberrant drug-taking behaviors. The guidelines state, "The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The medical records provided for review indicates that she has been on Norco for pain relief. There is no current indication of aberrance or illicit drug-taking behavior at this point. The current medications are not objectively documented, and there is no indication of whether the employee is aberrant or not. While a urine drug screen would be appropriate for individuals on opiates, a urine drug screen after the initial baseline would not be recommended as requested up to 4 times a year or 1 every 90 days unless there is significant documentation of aberrant drug-taking behaviors. **The request for an outpatient random urine toxicology screen as baseline and up to four (4) times per year or every 90 days 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

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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.