
Notice of Independent Medical Review Determination

Dated: 10/10/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	5/19/2011
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0003110

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for a urine drug screen DOS 6/12/13 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 a urine drug screen DOS 6/21/13 **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 Orthopedic Surgery 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 15, 2013:

“The patient is a 40 year-old female s/p injury 5/19/11. At the time of this request, this injury was over 2 years-old and chronic. There is a recent PQME of 1/3/13 that determined patient was MMI and with regard to medication, recommended over-the-counter medications. This is a request for retrospective urine drug test ordered by the orthopedist, Dr. [REDACTED].”

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 7/24/2013)
- Utilization Review Determination from [REDACTED] (dated 7/15/2013)
- Employee medical records from Claims Administrator
- 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 Chronic Pain Medical Treatment Guidelines (2009), Opioids, (page not cited), part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guideline (ODG) (current version), Pain Chapter, Urine drug testing (UDT), a medical

treatment guideline not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009), Opioids, On-going Management, page 78, Long-term user of Opioids, page 88 and Steps to avoid misuse/addiction, page 94-95, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial injury on 5/19/11. The submitted and reviewed medical records indicate prior treatment had included right carpal tunnel release, ulnar nerve transposition, radial nerve transposition, thumb trigger release, and a bone shaved from above and below the elbow. A medical report dated 1/3/13 indicates the employee continues to experience neck pain, low back pain, right shoulder pain, right elbow and forearm pain, left elbow and forearm pain, right wrist and hand pain, left hand pain, and right thumb pain. A request has been submitted for a urine drug screen.

MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. The submitted medical records do not indicate that the employee is exhibiting aberrant drug behaviors or is non-adherent to the medication schedule. The records indicate a drug screen was performed on 6/3/13 and the need for additional urine drug screen on 6/21/13 has not been established. The retrospective request for a urine drug screen DOS 6/21/13 **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

/srb

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.