

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/30/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	10/4/2001
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004104

- 1) MAXIMUS Federal Services, Inc. has determined the request for urine drug screen **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 urine drug screen **is 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 Family Practice, 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 patient is a 55-year-old male who reported an injury on 10/04/2001. The most recent documentation submitted for review is dated 08/07/2013. The notes indicate the patient was recently approved for 12 psychotherapy visits, as well as for the administration of Kadian 60 mg daily. The notes indicate the patient to have significant history for low back pain and impotence following an industrial back injury and improper perioperative implantation of a Foley catheter. The notes indicate the medications prescribed to the patient include Nucynta 75 mg, Kadian 60 mg, and Gralise 600 mg. Furthermore, on the most recent evaluation, the patient indicates that on 05/30/2013, the patient underwent an SOAPP-R evaluation indicating the patient to be at moderate risk for addiction. The notes indicate a prior urinalysis on 04/27/2013 was consistent with the patient's prescribed drugs and Kadian. The patient's CURES report as of 04/2013 indicated the patient was compliant.

### **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 urine drug screen :**

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, Drug Testing, pages 43, which is part of the MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Drug Testing, pages 43 & 89, which is part of the MTUS, and the Official Disability Guidelines (ODG), Pain Chapter, Indications for UDT, which is not part of the MTUS relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The MTUS Chronic Pain guidelines recommend drug testing as an option to assess for the use or presence of illegal drugs, as well as for ongoing management of patients taking opioid analgesics for the purposes of differentiation between dependence and addiction as a step to avoid misuse or addiction, and before a therapeutic trial of opioids. The Official Disability Guidelines recommend screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results for patients at moderate risk for addiction/aberrant behavior. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. The documentation submitted for review indicates the employee last underwent urine drug screen as of 04/27/2013 with consistent findings for the patient's prescribed medications. Furthermore, the notes indicate the employee has a compliant CURES report as of 04/2013. The notes indicate the patient on 05/30/2013 underwent an SOAPP-R evaluation indicating the employee to be at moderate risk for addiction. The request for a urine drug screen **is 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, 18<sup>th</sup> 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.