

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: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	2/10/1999
IMR Application Received:	7/29/2103
MAXIMUS Case Number:	CM13-0004680

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2103 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 **routine random urine toxicology screens as baseline and up to four (4) times per year or every ninety (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 Preventive Medicine and Occupational Medicine, 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:

All medical, insurance, and administrative records provided were reviewed.

The applicant, Ms. [REDACTED], is a represented [REDACTED] who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of February 10, 1999.

Thus far, she has been treated with the following: Analgesic medications; prior lumbar fusion surgery; apparent diagnosis with avascular necrosis of the hip; transfer of care to and from various providers in various specialties; psychological counseling; and extensive periods of time off of work.

Specifically reviewed is July 5, 2013, utilization review report denying urine drug screening up to four times a year or every 90 days based on lack of medical information.

On July 29, 2013, the applicant's attorney appealed.

No clinical progress notes were attached to the request for IMR.

The most recent clinical progress note on file dated February 27, 2013 is notable for comments that the applicant is using Voltaren and Flexeril for pain relief. MRI imaging of the lumbar spine is sought.

Several other medical legal reports since that point in time are noted but do not seemingly detail the applicant's medication list.

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 routine random urine toxicology screens as baseline and up to four (4) times per year or every ninety (90) days :

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

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 43, which is part of the MTUS. The Expert Reviewer also based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 3rd. Edition, which is not part of the MTUS.

Rationale for the Decision:

While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent drug testing to assess for the presence or use of illegal drugs, in this case, however, it is not clearly stated whether the attending provider, in fact, thus suspect illicit drug use. No clinical progress notes were attached to the request for IMR or to the request for authorization. The employee does not appear to be using opioids chronically, it is incidentally noted. The MTUS does not address the frequency of urine drug testing. While the third edition ACOEM guidelines do endorse baseline urine drug testing, random drug testing of twice a year and up to four times of drug testing annually in those individuals using opioids, in this case, there is no evidence that the employee is using opioids. No compelling rationale or narrative is attached to the request for drug testing of this frequency. **The request for routine random urine toxicology screens as baseline and up to four (4) times per year or every ninety (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

/sm

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.