

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: **11/13/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	8/17/2009
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004930

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 toxicology 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 Preventive 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:

The applicant is a represented [REDACTED] eligibility worker, who has filed a claim for chronic neck pain and carpal tunnel syndrome reportedly associated with an industrial injury of August 17, 2009.

Thus far the claimant has been treated with the following: Analgesic medications; adjuvant medications; topical agents; transfer of care to and from various providers in various specialties; at least two epidural steroid injections in 2012; cervical medial branch procedure, also in 2012; and extensive periods of time off of work.

The most recent note on file dated July 10, 2013 is notable for comments that the claimant's neck pain has improved. The claimant apparently received aquatic therapy. The claimant is on Motrin. There is tenderness noted over the neck, left wrist, and right wrist. The claimant is given prescription for tramadol, Flexeril, and various topical compounds and asked to remain off of work. Urine drug testing is endorsed on the request for authorization form dated July 10, 2013.

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 a urine toxicology 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, which is part of the MTUS, and ODG-TWC Pain Procedure Summary, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 43, which is part of the MTUS, and the Official Disability Guidelines (ODG), Chronic Pain Chapter, Criteria for Use of Urine Drug Testing, which is not part of the MTUS.

Rationale for the Decision:

While page 43 of the MTUS Chronic Pain Guidelines does endorse urine-drug testing in the chronic pain population, the MTUS does not address the specifics of urine-drug testing, the frequency of urine drug testing, or the parameters for ordering urine-drug testing. The ODG Chronic Pain Chapter, urine-drug testing topic, suggests that Department of Transportation guidelines represent the most legally defensible means of performing drug testing. In this case, however, from the submitted records reviewed, the attending provider has not clearly stated which drug or drugs are to be tested through the drug screen. This, too, is recommended by the ODG, which suggest that the documentation should provide information about the actual classes of drugs requested for testing. ODG also endorses provisions of a detailed list of drugs that the employee is taking to be included in the request accompanying the test. None of the above criteria were met here. **The request for a urine toxicology 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,

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.