

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/31/2013
Date of Injury:	8/9/1998
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005539

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for a **narcotic risk profile test is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/19/2013. 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 **narcotic risk profile test 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 : 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.

Expert Reviewer Case Summary:

The patient is a 71-year-old male that reported a work related injury to his wrist and back on 08/09/1998. The patient is 15 plus years status post the compensable injury. The most recent clinical note submitted for review dated 05/30/2013 states the patient continues to have right hand pain due to stiffness, but it is under control and he is continuing with the home exercises. The note further states that the patient also complains of right hip and knee pain and is status post a right hip injection which provided some relief. Physical findings were not included on the clinical note. The patient's current medications are listed as amlodipine besylate, carbidopa/levodopa, pravastatin sodium, Prilosec, trazodone, hydrochlorothiazide, tramadol HCL, hydrocodone/acetaminophen 10/325 mg, and metoprolol tartrate. A specimen was collected on 03/20/2013 from the patient and a laboratory performed a narcotic risk profile on 03/22/2013. The request for authorization for this narcotic risk profile was non-certified, subsequently appealed numerous times, and not recommended via the peer-to-peer review on 05/02/2013 and again on 06/04/2013.

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 narcotic risk profile test:

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 Official Disability Guidelines (ODG) which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Pain (Chronic), Procedure Summary, Genetic Testing for Potential Opioid Abuse, which is not part of MTUS.

Rationale for the Decision:

Official Disability Guidelines do not recommend genetic testing for potential opioid abuse. The guidelines state that studies are inconsistent, with inadequate statistics and large phenotype range. Additionally, the letter dated 06/25/2013 states the request is for a employee presenting with clinically validated and established risk factors. The clinical information submitted for review does not suggest the employee exhibits aberrant drug related behaviors nor has a urine drug screen showing the employee is noncompliant with his current medication regimen been submitted for review. **The request for narcotic risk profile test 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.