

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/25/2013
Date of Injury:	4/22/2004
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006400

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/25/2013. 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 request **for drug 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 Physical Medicine and Rehabilitation 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 employee is a 67-year-old with an injury date from 4/22/04. The patient suffers from chronic low back pain with lumbar spinal stenosis degenerative disc disease (DDD) at L4-5. An electromyography (EMG)/nerve conduction velocity (NCV) from 2011 showed possible axonal polyneuropathy. Medications include Xanax, Ultram and Motrin.

There are illegible reports by Dr. [REDACTED] dated 6/5/13. Normal UDS from 4/29/13. 4/25/13 hand written note by a PA, motrin, tramadol, zanaflex and others. Patient has low back pain. Another urine drug screen from 2/19/13, normal.

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 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 Official Disability Guidelines (ODG), Pain (Chronic), which is not part of the MTUS. The Claims Administrator

also cited the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 43 and 77, which is part of the MTUS. The Expert Reviewer also cited the Official Disability Guidelines (ODG), which is not part of the MTUS.

Rationale for the Decision:

The Official Disability Guidelines indicate that the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at “low risk” of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at “moderate risk” for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at “high risk” of adverse outcomes may require testing as often as once per month. The medical records provided for review indicate that the employee has been treated for chronic low back pain and is currently on Tramadol, which is a synthetic opiate that does not carry the risks normally associated with other opiates, and does not require a urine drug screening more than once a year. The medical records do not provide a risk stratification, or a reason to suspect that this employee is at a moderate or high risk. **The request for drug 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

/sh

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.