

Independent Medical Review Final Determination Letter

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Dated: 12/20/2013

IMR Case Number:	CM13-0007672	Date of Injury:	06/15/2001
Claims Number:	[REDACTED]	UR Denial Date:	07/29/2013
Priority:	STANDARD	Application Received:	08/05/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
URINE TOXICOLOGY SCREEN X 1			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in ABFP has a subspecialty in ABFM, 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant suffers from lumbago and hip pain due to an injury sustained in 2001. He has had disc arthroplasty and his chronic back pain has been managed by Amitriptyline, Voltaren, Ultram, Flexeril and Xanax. A urine drug screen on 3/26/13 showed results that were consistent with compliance and no signs of drug abuse. A report on 8/6/13 indicates good pain control, no aberrant behavior, no side effects of current medication and no alcohol or illicit drug abuse. A request for a urine drug screen was made to insure compliance.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. One urine toxicology screen is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Section Opioids, web-based edition, which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Opioids, pgs. 94-95, which is part of MTUS.

The Physician Reviewer's decision rationale:

According to the Chronic Pain Guidelines, frequent urine studies are recommended in those individuals at high risk of abuse. In this case, according to the medical records provided for review, there was already a urine screen that demonstrated compliance. The employee was noted to receive adequate pain relief and a note from August 2013 documented that there was no indication of aberrant behavior. **The request for one urine toxicology screen is not medically necessary and appropriate.**

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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.

[REDACTED]

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