
Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/31/2013
Date of Injury: 4/16/2007
IMR Application Received: 8/8/2013
MAXIMUS Case Number: CM13-00008731

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 Internal 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 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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

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

This is a 62-year-old male patient who reported a work-related injury on 04/16/2007. The patient has been treated since the injury for lumbar spine pain radiates down both lower extremities. A urine toxicology screen was performed on 09/17/2012 which was consistent with the noted prescriptions for the patient according to the listed medications on the report. The patient was seen on 12/03/2012 for reported complaint of constant aching pain in the bilateral aspects with tingling and numbness radiating down the bilateral aspects of the lower extremities. The pain was rated at 7/10. The examination reported tenderness over the lumbar area at L4-5 and L5-S1; limited lumbar active range of motion; positive straight leg raise on the right; and tenderness over right buttocks. The patient's medications were tramadol, Vicodin and Daypro. The tramadol was discontinued and the Daypro and Vicodin were refilled. Random urine toxicology screen was performed on that date which were inconsistent as all results were negative and did not indicate the presence of the noted prescribed drug of temazepam. The patient was seen on 03/25/2013 for a followup with complaint of constant aching pain in the bilateral aspects, low back with tingling and numbness radiating down the bilateral aspects of the lower extremities. The pain was rated at 7/10. The patient's medications were Vicodin and Daypro. Prescription for tramadol and Daypro were provided with discontinuation of the Vicodin. A random urine toxicology drug screen was performed on that date which revealed inconsistent results with Tramadol being negative and benzodiazepines being present but not prescribed

IMR DECISION(S) AND RATIONALE(S)

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

1. Urine drug screen for DOS 12/03/2012 and 03/25/2013 is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS: page 43, 2010 Revision, Web Edition, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug Screen and Opioid On-Going Management, pages 43, 75, & 78, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS states "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non adherent drug-related behaviors. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control." The California MTUS recommends as an option urine drug screening to assess for the presence of illegal drugs. The employee was noted to have a consistent urine drug screen in 09/2012 and no documentation of aberrant behavior or suspicion of abuse. Therefore, the urine drug screen performed on 12/03/2012 was not supported. The results of the 12/03/2012 urine drug screen; however, revealed inconsistent results of the presence of benzodiazepines which were not prescribed. Given the results of this test, subsequent testing on 03/25/2013 was supported given the results of inconsistent medication use. However, as the request submitted is for the urine drug screens performed on 12/03/2012 and 03/25/2013, the request in its entirety is not supported. **The request for urine drug screen for dates of service 12/03/2012 and 03/25/2013 is not medically necessary and appropriate.**

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.

