

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	3/7/2001
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009709

- 1) MAXIMUS Federal Services, Inc. has determined the request for **routine, random urine toxicology screens as baseline and up to four (4) times per year or every 90 (ninety) days is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Fentanyl is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Norco is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 **routine, random urine toxicology screens as baseline and up to four (4) times per year or every 90 (ninety) days is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Fentanyl is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Norco is 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 Occupational 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:**

All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 7, 2011.

Thus far, applicant has been treated with the following: Analgesic medications; adjuvant medications; prior L4-L5 laminectomy; and apparent return to some form of work.

In a Utilization Review report of July 18, 2013, the claims administrator denied prescriptions for routine random urine toxicology screens, Fentanyl, and Norco.

In a progress note of October 21, 2013, it is stated that the claimant is pleasant. Claimant continues to work full-time. The pain ranges from 7-10/10. Claimant states that Norco is diminishing the pain but has developed some issues with itching and flushing with Duragesic. The claimant exhibits 5/5 strength and surgical scar is present. It is reiterated that the applicant's analgesic medications are providing analgesia and improved performance of activities of daily living.

On July 1, 2013, the attending provider stated that usage of both Norco and Duragesic had allowed the claimant to become significantly more active, participate in work, and perform usual activities around the house. It was stated that the analgesic medications allow the applicant to function better at work.

**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 routine, random urine toxicology screens as baseline and up to four (4) times per year or every 90 (ninety) days:**

The Medical Treatment Guidelines 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 Official Disability Guidelines (ODG) 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 specifically provide parameters for or the frequency with which urine drug testing should be performed. As noted in the Official Disability Guidelines (ODG), Urine Drug Testing topic, the rules and best practices of the Department of Transportation represent the most legally defensible framework for performing urine drug testing. ODG further suggests that a detailed list of all the drugs that an employee has taken should be included with the request accompanying the test. ODG further suggests that the attending provider states which drug test/drug panels he intends to test for. In this case, the attending provider has not clearly furnished a list of test or tests he intends to perform, nor has he clearly described the employee's medication profile from visit to visit. It does appear that the employee's medication list seemingly fluctuates from visit to visit. **The request for Routine, random urine toxicology screens as baseline and up to four (4) times per year or every 90 (ninety) days, is not medically necessary and appropriate.**

## 2) Regarding the request for Fentanyl :

### The Medical Treatment Guidelines 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.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, When to Continue Opioids, page 80, which is part of the MTUS.

### Rationale for the Decision:

The employee did meet criteria set forth on page 80 of the MTUS Chronic Pain Guidelines for continuation of opioids. Namely, the employee has successfully returned to work, demonstrated improved functioning and reduced pain through ongoing usage of opioids, including Fentanyl, as of the date of the request. While it was later noted that the employee had difficulty tolerating Fentanyl owing to adverse effects, as of the date of the request, however, the request was medically necessary. **The request for Fentanyl is medically necessary and appropriate.**

## 3) Regarding the request for Norco :

### The Medical Treatment Guidelines 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.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, When to Continue Opioids, page 80, which is part of the MTUS.

### Rationale for the Decision:

The attending provider's documentation makes it clear that the employee met criteria set forth on page 80 of the MTUS Chronic Pain Guidelines for continuation of opioids. Specifically, the employee did return to work and did report improved functioning and reduction in pain through ongoing usage of opioids. Continuing Norco in this context was medically indicated here. **The request for Norco is 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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