

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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MAXIMUS  
Federal Services



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**Notice of Independent Medical Review Determination**

Dated: 12/9/2013

[REDACTED]

[REDACTED]

[REDACTED]

UR Decision:

[REDACTED]

5/6/2013

Date of Injury:

1/18/2013

IMR Application Received:

5/30/2013

MAXIMUS Case Number:

CM13-0000520

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

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/30/2013 disputing the Utilization Review Denial dated 5/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 **urine toxicology 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 Preventative Medicine and 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:**

The applicant is a [REDACTED] employee who has filed a claim for hand joint pain reportedly associated with an industrial injury of January 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; apparent diagnosis was fourth metacarpal fracture; open reduction internal fixation of the same; and extensive periods of time off of work.

In a Utilization Review Report of May 6, 2013, the claims administrator denied a request for Urine Drug screen. The applicant subsequently appealed.

In an April 26, 2013 Urine Toxicology Review, it is stated that the applicant was tested for opioids, oxycodone, methadone, benzodiazepines, barbiturates, Darvocet, Soma metabolites, Ambien, PCP, cocaine, marijuana, and amphetamines. It is stated that urine drug testing was "positive." The actual test results are reviewed and are in fact negative for all 50 items on the panel. A rapid 12-panel Urine Drug screen, also analyzed in the same drugs, was also negative for all items on the panel. The attending provider nevertheless performed confirmation testing.

### **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:

[REDACTED]

**1) Regarding the request for urine toxicology 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 Chronic Pain Medical Treatment Guidelines, pg 43, Drug testing, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines pg. 43, Drug testing, which is a part of the MTUS and Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing which is not a part of the MTUS.

Rationale for the Decision:

While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse urine drug testing in the chronic pain population, the MTUS does not establish more specific parameters or the frequency with which Urine Drug testing should be performed. As noted in the ODG Chronic Pain Chapter, Urine Drug testing topic, the attending provider should clearly make evident the reasons that confirmatory tests are required. A review of the records indicates that this case, the employee's screening tests are negative for all items in the panel. As further noted in ODG, routine confirmatory screening is generally reserved for those individuals in the emergency department following drug overdoses. It is unknown why confirmatory testing was performed. There was no evidence that a drug overdose was suspected. It was, furthermore, not clearly stated why a 50 drug panel including confirmatory testing was needed here when ODG suggests that the rules and best practices of the US Department of Transportation represent the most legally defensible framework for performing drug testing. Therefore, the original Utilization Review decision is upheld. **The request for urine toxicology 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:

A large black rectangular redaction box covers the names of the recipients listed in the 'cc:' field.

/cmol

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.