MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/13/2013

Employee:	
Date of UR Decision:	5/29/2013
Date of Injury:	1/22/2013
IMR Application Received:	6/12/2013
MAXIMUS Case Number:	CM13-0000654

1) MAXIMUS Federal Services, Inc. has determined the request for **performed drug screen DOS: 3/20/13 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/12/2013 disputing the Utilization Review Denial dated 5/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/16/2013. 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 **performed drug screen 3/20/13** 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 Occupational Medicine, and is licensed to practice in North Carolina, New York, Pennsylvania. 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:
Work-related injury 1/22/13 when she twisted her knee and hip when she slipped on ice. She has low back pain, radiating to the right leg, and right knee pain. She has multilevel disc bulges in the lumbar spine MRI. She had degenerative changes in the knee, bone bruising, effusion and tear of Hoffa's fat pad, treated with steroid injection by orthopedics, causing temporary improvement. On 3/11/13 she was put on amitriptyline, gabapentin, tizanidine and Tramadol. By 9/11/13, she was also on naproxen, despite a history of "stomach problems," gabapentin, cyclobenzaprine and amitriptyline. Back pain improved with epidural steroid injections. On 6/7/13 a drug screen was completed in order to assess compliance and the possibility of diversion. At that time, gabapentin, alprazolam and Tramadol were prescribed. The screen was negative for opiates, narcotics (assumed synthetic opioids), benzodiazepines, muscle relaxants, barbiturates, and antidepressants.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from: Claims Administrator

1) **Regarding the request for performed 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 Chronic Pain Medical Treatment Guidelines, which is part of MTUS and the Official Disability Guidelines, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines: Opioids – Criteria for Use, page 77; Opioids – Ongoing Management, page 78; and, Opioids, pages 80, 82-84, which is a part of the MTUS.

Rationale for the Decision:
The guidelines indicate that urine drug screening should be considered before starting opioids to look for illicit drugs. Drug screening can be used for ongoing opioid management, when issues of abuse, addiction or pain control exist. The requirement for urine drug screening should be included in any opioid treatment contract. A review of the records inidicates that at the time of the 06/07/2013 urine drug screen, the employee was not prescribed an opioid medication, even though the employee was prescribed Tramadol, which the guidelines treat as an opioid. Most opioid screens would not detect Tramadol as it is a synthetic opioid and testing for it would need to be ordered separately. In this case, however, far more drug testing was ordered, including large panels of prescription medications that are not controlled substances. These are not indicated, nor covered by the chronic pain guidelines. Additionally, testing for other prescribed medications, such as amitriptyline and gabapentin, is not recommended through the chronic pain management guidelines. Urine drug testing is appropriate for Tramadol (the prescribed "narcotic") and drugs of abuse, including illicit drugs like cocaine, or potentially abused prescription controlled substances, such as benzodiazepines, amphetamines and opioids. Although drug testing is appropriate in the case of the use of Tramadol, the panels ordered were inappropriate and not concordant with the practice guidelines. **The request for performed drug screen (DOS 3/20/13) 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

/reg

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.