

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/7/2013
Date of Injury:	1/12/2006
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010473

- 1) MAXIMUS Federal Services, Inc. has determined the request for **retrospective drug screening** is not **medically necessary and appropriate**.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 8/8/2013. 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 **retrospective drug screening** 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 represented former [REDACTED] employee who has filed a claim for myalgia, myositis, chronic pain syndrome, fibromyalgia, knee pain, and great toe pain reportedly associated with an industrial injury of January 12, 2006. Thus far, she has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; reported diagnosis of fibromyalgia; right knee medial meniscectomy in 2006; multiple toe surgeries; lumbar epidural steroid injections; and extensive periods of time off of work.

In an August 7, 2013 utilization review report, the claims administrator denied request for urine drug testing. The applicant's attorney appealed on August 13, 2013. Multiple urine drug tests performed over the years are noted, in 2012 and 2013. These drug tests employ quantitative screening and seemingly test for over 50 drugs at a time. In a June 15, 2013 appeal letter, the attending provider states that he is using topical compounds to treat the applicant's fibromyalgia. In a note of July 26, 2013, the applicant presents with multifocal pain. She is given a knee corticosteroid injection and asked to obtain urine drug testing. She remains off of work, on total temporary disability. The applicant's medication list is not documented on this visit.

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 retrospective drug screening:

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 a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg 43 of 127, Drug Testing, which is a part of the MTUS and the Official Disability Guidelines (ODG), Criteria for Use of 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 specifically address the parameters under which urine drug testing should be performed or the frequency with which it should be performed. The ODG chronic pain chapter urine drug testing topic suggests that the Department of Transportation Guidelines represent the most legally defensible means of performing testing. After a review of the records provided, in this case, the attending provider has not clearly stated what drugs he intends to test for on the urine drug panel, nor he has furnished the employee's complete medication list prior to performing testing, both of which are prerequisites for pursuit of urine drug testing, per ODG. No clear explanation or discussion of prior urine drug test results has been provided. The request for **retrospective drug screening** 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

/pr

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.