

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	2/12/2010
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011550

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

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. 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 **random urine drug screening test** 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 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 employee is a represented former [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 12, 2010.

Thus far, the employee has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; right shoulder surgery of November 4, 2010; prior left shoulder surgery; a sling; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off work.

In a utilization review report of July 5, 2013, the claims administrator denied a request for urine drug testing.

The employee's attorney subsequently appealed on August 15, 2013. The most recent provided progress note of April 24, 2013 is notable for comments that the employee continues to report shoulder pain. She is undergoing manipulative therapy. She has decreased strength and endurance about the left shoulder. She is using an arm sling about the left shoulder. She is apparently not using any pain medications. She is asked to pursue further manipulative therapy. A later note of May 14, 2013 is notable for comments that that employee is using two to three tablets of Norco a day.

### **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 random urine drug screening test:**

#### 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, page 43, which is part of MTUS, and the Official Disability Guidelines (ODG), Opioids, 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 MTUS and the Official Disability Guidelines (ODG) Pain Chapter, Criteria for Use of Urine Drug Testing, which is not part of 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 establish parameters for or the frequency with which urine drug testing should be performed. As noted in the ODG Chronic Pain Chapter urine drug testing topic, an attending provider should clearly furnish the names of those items on a urine drug test panel and/or drug classes that he intends to test for. A detailed list of all of the drugs the employee is taking should be included in the request accompanying the test. In this case, however, the employee's complete medication list did not accompany the request for the urine drug test. A list of drug tests, drug panels, and/or drug classes that the attending provider intended to test for was not attached to the request for authorization or application for independent medical review. **The request for random urine drug screening test 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.