

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: **12/4/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/12/2013
Date of Injury:	11/9/2011
IMR Application Received:	8/26/2013
MAXIMUS Case Number:	CM13-0016162

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Retrospective Review; Urine Drug Testing done at Primary Treating Physician (PTP) office (DOS: 7/11/13) is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/26/2013 disputing the Utilization Review Denial dated 8/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 Review; Urine Drug Testing done at Primary Treating Physician office (DOS: 7/11/13) 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:**

The patient, an employee at [REDACTED] Incorporated, filed a claim for chronic shoulder pain and shoulder arthritis reportedly associated with an industrial injury on 11/9/11. The patient has been treated with the following: analgesic medications, which include long-acting morphine; transfer of care to and from various providers in various specialties; short acting opioids, including Norco; unspecified amounts of physical therapy; a 6% whole person impairment rating; a prior shoulder surgery; and permanent work restriction, which has resulted in the patient's removal from the workplace.

In the letter of appeal dated 8/22/13, the claims administrator states that the applicant has developed heightened shoulder pain and is using anywhere from four to eight Norco a day. This heightened medication usage places the applicant at high risk of opioid abuse and/or dependence. The attending provider stated that, for that reason, he has recommended urine drug testing. On 7/11/13, urine drug testing was performed. It appears that the urine drug test was positive for several opioid derivatives, including hydrocodone, norhydrocodone, and hydromorphone.

### **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 Review; Urine Drug Testing done at Primary Treating Physician (PTP) office (DOS: 7/11/13):**

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 the MTUS, as well as the Official Disability Guidelines (OGD), which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug Testing, pg. 43, which is part of the MTUS as well as ACOEM Practice Guidelines, 3<sup>rd</sup> Edition, page 429-430 and page 568, which is not part of MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Medical Treatment Guidelines do endorse urine drug testing in the chronic pain population. While the MTUS guidelines do not provide exact parameters for opioid use, the third edition ACOEM Guidelines do support random drug testing, with frequency of testing at least yearly or more often as needed. Based upon the medical records provided for review, the employee's heightened pain complaints and heightened need for opioids did make a case for urine drug testing on the date in question. The attending provider stated the results of the urine drug screen, which were positive for opioids and negative for all other drugs of abuse. Performing urine drug testing in this context was indicated. **The request for the UDT done at the PTP office on 7/11/13 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  
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Oakland, CA 94612

/rjs

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