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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

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[redacted]

Dated: 12/26/2013

IMR Case Number:	CM13-0018713	**Date of Injury:**	11/04/2009
Claims Number:	[redacted]	**UR Denial Date:**	08/13/2013
Priority:	STANDARD	**Application Received:**	08/30/2013
Employee Name:	[redacted]		
Provider Name:	[redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant is a 49-year-old male with a reported date of injury of 11/04/2009. The mechanism of injury is not specifically described by the records provided. He was seen in clinic on 02/07/2013, at which time x-rays revealed adequate signs of early fusion and instrumentation at L5-S1, and diagnosis was status post lumbar fusion. Pain medications were refilled at that time. On 02/08/2013, laboratory tests revealed the claimant did not possess a genetically higher risk for narcotic tolerance or dependence. On 06/22/2013, a drug screen was performed, which revealed tramadol was detected, and that was a prescribed medication. All other medications tested were consistent, with the exception of Cyclobenzaprine, which was confirmed, and this was not a prescribed medication. The returned to clinic on 06/24/2013, and medication management at that time included Depo-Medrol injectable and Marcaine injectable. He was given a Marcaine and Depo-Medrol injection at that time. On 07/02/2013, he was seen back in clinic, and it was noted that medications at that time included tramadol and Flexeril, with a Medrox patch and methadone/capsaicin cream. On 07/19/2013, a urine drug screen was performed, which found this claimant consistent with tramadol and Cyclobenzaprine, which had been prescribed to the patient. He returned to clinic on 07/19/2013, at which time he was continued on tramadol, Flexeril, Anaprox, and fluoroplex, and a request was made for a urine drug screen. Diagnoses included lumbar radiculopathy, right shoulder sprain and strain, status post surgery, right shoulder pain, chronic pain syndrome, chronic pain-related insomnia, myofascial syndrome, and neuropathic pain. Treatment plan going forward was to request a urine drug screen.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Urnie drug screen is not medically necessary and appropriate.

The Claims Administrator based its decision on the University of Michigan Health System Guidelines for Clinical Care, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, drug testing;opiods, pgs. 43, 78, which is part of the MTUS.

The Physician Reviewer's decision rationale: MTUS Chronic Pain Guidelines indicate that testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Furthermore, in addressing patients on opioid medications, MTUS Chronic Pain Guidelines advocate monitoring of the 4 A's, which would include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, as "the monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The medical records provided for review indicates that the employee has been on Tramadol and Flexeril, Anaprox, and topical ointments. The employee has been found to be aberrant on 1 drug screen dated 06/22/2013, as it was positive for tramadol, which was a prescribed medication, and he was also positive for Cyclobenzaprine, which was an inconsistent finding on that drug screen. The employee had a subsequent drug screen dated 07/19/2013, which revealed he was consistent with all medications, as Tramadol and Cyclobenzaprine were both prescribed medications. Further testing revealed that the employee was not at a genetically higher risk for narcotic tolerance or dependence. The records indicate that the employee was tested and found to be consistent as of 07/19/2013, but on 07/22/2013, a request was made for a urine drug screen. It was not noted on that exam that the drug screen on 07/19/2013 had been reviewed or discussed with the employee. The records do not reflect that there is indication that the employee was consuming illegal drugs. **The request for urine drug screen is not medically necessary and appropriate.**

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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.

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