

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[Redacted]

Dated: 12/20/2013

IMR Case Number:	CM13-0018843	Date of Injury:	05/28/2012
Claims Number:	[Redacted]	UR Denial Date:	08/19/2013
Priority:	STANDARD	Application Received:	08/30/2013
Employee Name:	[Redacted]		
Provider Name:	[Redacted] MD		
Treatment(s) in Dispute Listed on IMR Application:			
URINE DRUG SCREENING PERFORMED 07/26/2013			

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: OVERTURN. This means we decided that all 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 patient is a 47-year-old male with a reported date of injury of 05/28/2012. The mechanism of injury was described as a slip and fall at work on that date. On 07/06/2012, an MRI of the right knee was obtained, revealing tendinosis and a tear within the posterior horn of the medial meniscus. A drug screen was performed on 12/03/2012, and this was claimed to be consistent. He was taken to surgery on 11/29/2012 for an arthroscopic partial medial meniscectomy and limited synovectomy. Postoperatively, the patient was seen back in clinic; he was taking anti-inflammatories in the form of diclofenac, and pain was rated at a 7/10. On 07/15/2013, a drug compliance and diversion screen was conducted. Medications at that time included Vicodin/hydrocodone and diclofenac. Negative screen was for all drugs tested, and opiates were found to be nonconsistent as they had been prescribed. He was seen back in clinic on the same date, indicating that he was taking Vicodin 2 times a day. Pain with medications was a 4/10, and pain without medications was a 7/10. A confirmatory drug screen was performed on 07/26/2013 and again was found nonconsistent with opiates. On 08/19/2013, he returned to clinic, still reporting pain to his right knee.

IMR DECISION(S) AND RATIONALE(S)

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

1. Performed urine drug screen is medically necessary and appropriate.

The Claims Administrator based its decision on the MTUS Chronic Pain Drug Testing, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, Drug screen, pages 43 and 78, which are part of the MTUS.

The Physician Reviewer's decision rationale:

This patient was taken to surgery on 11/29/2012 for an arthroscopy of the knee. He was continued on hydrocodone; and on 07/15/2013, he indicated to the provider that he was taking 2 hydrocodone per day, and pain was rated at a 7/10 without medications and 4/10 with medications. After a drug screen was performed on that date, a prolonged review of laboratory test regarding the drug screen on that date indicated that he was prescribed Vicodin, in the form of hydrocodone, and diclofenac; but he had a negative screen for opiates although opiates were prescribed. A confirmatory test was then performed and submitted on 07/26/2013, again indicating that he was not compliant with the opiates. California MTUS Chronic Pain Medical Treatment Guidelines indicate that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Furthermore, California MTUS/ACOEM, in describing patients on opiate medications, indicates that the 4 A's should be monitored. This indicates that analgesia, activities of daily living, adverse side effects and aberrant drug-taking behaviors should be monitored for patients on opioid medications, such as this patient. He was found to be noncompliant on 1 drug screen; and therefore, a confirmatory drug screen was appropriate, and he was found not compliant on that confirmatory drug screen. In this reviewer's opinion, the performed urine drug screens on 07/15/2013 and 07/26/2013 were medically necessary and appropriate; they are certified.

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.

[REDACTED]

CM13-0018843