
Notice of Independent Medical Review Determination

Dated: 10/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	8/22/2001
IMR Application Received:	7/12/2013
MAXIMUS Case Number:	CM13-0001374

- 1) MAXIMUS Federal Services, Inc. has determined the request for routine, random urine toxicology screens as baseline and up to four times per year or every ninety days **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 routine, random urine toxicology screens as baseline and up to four times per year or every ninety days **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 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 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.

Case Summary:

A clinical summary was not included on the Utilization Review Determination.

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 for Independent Medical Review (dated 07/12/2013)
- Utilization Review Determination from [REDACTED] (dated 07/05/2013)
- Employee medical records from Claims Administrator (dated 09/04/2013)
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for routine, random urine toxicology screens as baseline and up to four times per year or every ninety days:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, page 124, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 8/22/2001 and has a history of lumbar fusion, bipolar disorder, diabetes, cervical radiculopathy, and generalized anxiety disorder. There was no noted history of drug or alcohol abuse. The employee has been treated with Soma and Dilaudid for pain. A recent progress note dated 7/13/2013 noted the employee was doing well on topical analgesics and was off pain medications. The provider recommended a urine toxicology screen to monitor the employee's progress. A request was submitted for routine, random urine toxicology screens as baseline and up to four times per year or every ninety days.

The MTUS Chronic Pain guidelines indicate that weaning off medications such as opioids should be tapered slowly. Monitoring withdrawal symptoms should be monitored over months and include symptomatic treatment. In this case, no specific need for urine toxicology screen is recommended. The records submitted and reviewed do not document any drug seeking behavior, abuse, deceit in use of medication or providers or contract violation. As per the weaning guidelines for opioids, there is also no general consensus requiring frequent drug screening or necessity. The request for routine, random urine toxicology screens as baseline and up to four times per year or every ninety days 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sab

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.