

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/18/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	6/30/2009
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004247

- 1) MAXIMUS Federal Services, Inc. has determined the request for **urine analysis is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Alprazolam ER 1 mg, #30 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 **urine analysis** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Alprazolam ER 1 mg, #30** 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.

Expert Reviewer Case Summary:

This is a 53-year-old male with a reported injury on 06/30/2009. The specific mechanism of injury was not provided for review. According to the clinical information submitted for review, the patient has been treated for low back pain and stiffness. The patient is status post lumbar fusion at L4-5 and L5-S1 which was performed on 02/11/2013. On 08/19/2013, the patient reported having the same overall feeling in the lumbar spine, was utilizing a cane, had tingling and numbness in the left greater than right lower extremity with 4/5 strength in the bilateral legs and straight leg raise at 60 degrees. It was noted the patient had no change in overall objective findings. It was recommended the patient followup in 6 weeks, submit for authorization for a urinalysis for drug compliance and prescription for alprazolam and narcotic (name not specified).

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 urine analysis :

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 MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug Testing, page 43, 78, which is part of MTUS.

Rationale for the Decision:

MTUS Chronic Pain 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. MTUS Guidelines also indicate for ongoing management of opioids, there should be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The clinical information submitted for review indicated prior urine drug screens performed on 03/18/2013, 04/01/2013 and 04/29/2013 were all consistent with the employee's prescribed medication use. The clinical information submitted for review did not detail suspicion of issues of abuse, addiction or poor pain control or suspicion of presence of illegal drugs to meet MTUS Guideline criteria for performing a urinalysis. **The request for urine analysis is not medically necessary and appropriate.**

2) Regarding the request for Alprazolam ER 1 mg, #30:

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 MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, page 24, which is part of MTUS.

Rationale for the Decision:

MTUS Chronic Pain Medical Treatment Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The clinical information submitted for review indicated that the employee has been utilizing the requested alprazolam ER for a length of time longer than the recommended 4 weeks. The clinical information did not indicate exceptional factors to support approving outside of guideline recommendations. Also, the clinical information submitted for review did not document findings of objective improvement with the use of this medication. **The request for Alprazolam ER 1 mg, #30 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, 18th 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.