

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	8/17/2009
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005005

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for urinalysis drug screen **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. 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 retrospective request for urinalysis drug screen **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:

The claimant experienced left knee problems due to an injury at work on August 17, 2009. He had received x-rays, physical therapy and prescription medication for his injury. On September 11, 2012 a drug compliance screen was conducted to help assess patient compliance and identify signs of drug diverging. At the time tramadol was found in the urinalysis. A repeat urinalysis was performed in March 11, 2013 where tramadol and hydrocodone were present. This report stated that the findings were inconsistent with prescription therapy because tramadol at that time was not prescribed. Only hydrocodone was prescribed. However, a conflicting note on 3/7/13 stated that Tramadol was prescribed at 50 mg dose.

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 submitted by the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the retrospective request for a urinalysis drug screen:
Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not provide evidence basis for their decision due lack of information provided.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, indicators for addiction, pg. 87, Opioids, screening for risk of addiction (tests), pg. 90-91 and Opioids, steps to avoid misuse/addiction, pg. 94, which is part of the MTUS.

Rationale for the Decision:

According to the MTUS guidelines, frequent urine toxicology screens are recommended when there is a high risk of abuse. High-risk individuals are identified by CAGE questionnaires, trauma screens and other screening tools. Clinical judgment by a physician trained in recognition of addiction is needed to determine if the patient has an actual addiction problem. The documentation provided for review did not indicate the urinalysis was showed drugs not prescribed. There were also no screening tools used or assessments provided by an addiction specialist. **The retrospective request for a urinalysis drug screen 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

/db

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.