

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/25/2013
Date of Injury:	5/18/2012
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0008037

- 1) MAXIMUS Federal Services, Inc. has determined the request for **urine specimen obtained 5/21/13 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/9/2013. 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 specimen obtained 5/21/13 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 Preventive Medicine and Occupational Medicine, 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 applicant is a represented [REDACTED] social worker who has filed a claim for chronic neck pain, chronic low back pain, knee pain, headaches, and wrist pain reportedly associated with an industrial injury of May 18, 2012.

Thus far, she has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; prior cervical epidural steroid injection therapy; and extensive periods of time off of work.

Her prior note of April 23, 2013 is notable for comments that the applicant is asked to undergo urine drug testing on that date and is kept off of work, on total temporary disability. Said urine drug test of April 23, 2013 is reportedly positive for Prozac metabolite and negative for all other drugs.

Subsequently, on May 21, 2013, the applicant presents with persistent neck and low back pain. She is described as neurologically intact and again undergoes urine drug testing and is again reportedly considered totally temporarily disabled for another 45 days. The claimant is given refills of Motrin and Protonix.

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 specimen obtained 5/21/13:

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, pg. 90-91, which are part of the MTUS, and the ODG Pain Chapter, Urine Drug Testing section, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 43, which is part of the MTUS, and the American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, Drug Testing, and Official Disability Guidelines (ODG), Pain chapter, Urine drug testing (UDT), which are not part of the MTUS.

Rationale for the Decision:

While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse drug testing in the chronic pain population, the MTUS does not address the topic of how often urine drug testing should be performed, for what purposes drug testing should be performed, and what drug should be tested on the panel. The ACOEM guidelines suggest that drug testing be performed at baseline, randomly at least twice and up to four times a year in those individuals on opioids chronically. ACOEM also endorses performing drug testing for cause, in those individuals who evoke suspicion of substance misuse. In this case, however, there was no documentation that the employee was, in fact, using opioids on the date in question. The employee had urine drug testing one month prior. It is not clearly stated why repeat testing was needed or indicated in the medical records. The attending provider did not discuss or detail the results of the prior urine drug test at the May 21, 2013 office visit. Finally, ACOEM suggests that standard urine drug screening processes should be followed. In this case, however, the attending provider tested over 40 substances and/or metabolites. This does not conform to any well-established urine drug testing protocol such as that set forth by the Department Of Transportation. **The request for the urine specimen collected on 5/21/2013 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

/cmol

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.