

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	11/17/2008
IMR Application Received:	8/7/2013
MAXIMUS Case Number:	CM13-0008281

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **10 panel random urine drug screen is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a **service dog for physical demands assistance is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/7/2013 disputing the Utilization Review Denial dated 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. 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 a **10 panel random urine drug screen is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a **service dog for physical demands assistance 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 Physical Medicine and Rehab, 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:

719 pages of records are available for IMR Scanning through for records pertinent to the UDT and service dog, I could only find 1 report that provided a rationale for the service dog, this was by Dr [REDACTED]'s office dated 6/12/13. It says the patient has been using a dog which was trained by professionals to pick up items for the patient. It states the dog also helps patient with ambulation, and states the patient requires a walker and cane. Regarding the medications, the patient has been reported to be on high doses of opiates to the point where they are causing fatigue and causing cognitive dulling. There is discussion to have patient placed on a morphine pump. But according to the 6/25/13 report, the medications are helping reduce patient's 10/10 pain down to 7/10. There was a UDS on 5/23/13 that was consistent. There was no discussion on aberrant behavior.

There is a 78 page 9/11/13 panel QME reevaluation report for psychiatry by [REDACTED]. He evaluated the patient on 8/19/13 and noted the patient was driven to the appointment by a relative and the patient had a service dog named [REDACTED]. Patient claims injury to low back, LLE, and psyche from a 11/17/08 injury. Patient takes care of a daughter's dog "[REDACTED]". Dr [REDACTED] notes fatigue and cognitive dulling related to high dose of opiates.

5/10/13 pQME by [REDACTED], 93 pages, reports history as: On 11/17/2008 the claimant was lifting a bag of ice at the store shopping for [REDACTED]'s and felt a pop in the low back then felt pain down the leg" Patient apparently underwent a piriformis release surgery which made it worse, then developed CRPS in both legs. Patient was given a SCS for this. Current Meds included Neurontin 600mg 3 tabs at dinner; morphine 30mg as needed; morphine ER 30mg bid; Xanax 5mg 3/day or as needed; Cymbalta 60mg; Nucynta ER 50mg bid; Ibuprofen 200mg 3 tablets twice a day; ambien 5mg once at night, but not every night. Patient smokes 1PPD since age 21. Patient has 2 dogs as pets. Statistics include the patient as 5'2", 218 lbs.

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 employee/employee representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a 10 panel random urine drug screen:

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 the MTUS, and ODG-TWC Pain Procedure Summary, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43, which is part of the MTUS, and ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing, which is not part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain Guidelines does not specifically discuss the frequency that urine drug tests (UDT) should be performed. ODG is more specific on the topic and indicates that employees at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The employee was tested on 5/23/13 and the results were reported as consistent. There is no mention of the employee being at high, medium or low risk. ODG guidelines indicate that for those at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for UDT is not in accordance with the frequency listed under ODG guidelines. **The request for a 10 panel random urine drug screen is not medically necessary and appropriate.**

2) Regarding the request for a service dog for physical demands assistance:

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 Winkle M, Crowe TK, Hendrix I; Occup Ther Int. 2012 Mar;19(1):54-66. Doi: 10.1002/oti.323.Epub 2011 Aug 19. Service dogs and people with physical disabilities partnerships: a systematic review, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg 51, which is part of the MTUS.

Rationale for the Decision:

The employee was reported to have a service dog named "██████" on the 9/11/13 Qualified Medical Examination (QME). This report also noted the employee's daughter has a dog named "██████". The 5/10/13 QME report from ██████████ states the employee has 2 dogs as pets. The 6/12/13 letter states the employee's dog was trained by professionals to pick up items for the employee. It states it also helps with ambulation. The employee is in a walker and has a cane and it is not clear what the dog does. As for picking up items, a service dog is not the standard of care for this, as pointed out by the Journal article that UR cited. Following the LC 4610.5(2) hierarchy of standards to (E), this is not the generally accepted standards of medical practice. It is unlikely that a service animal that can "pick up items" would even be considered "medical treatment" as MTUS Chronic Pain guidelines indicate that homemaker services are not medical treatment. **The request for a service dog for physical demands assistance 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.