
Independent Medical Review Final Determination Letter

4000
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 1/30/2014

IMR Case Number:	CM13-0023385	Date of Injury:	11/07/2012
Claims Number:	[REDACTED]	UR Denial Date:	08/14/2013
Priority:	STANDARD	Application Received:	09/12/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
TRAMADOL, UDS ONCE EACH QUARTER			

Dear [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 30-year-old male who reported a work-related injury on 11/07/2012 as the result of a fall. The patient subsequently presented for treatment of the following diagnoses: compression fracture of the T12 and left knee internal derangement. The clinical note dated 07/24/2013 reported that the patient was seen under the care of [REDACTED] for a comprehensive pain management consultation. The provider documented the patient's course of treatment since the date of injury on 11/07/2012. The provider documented that the patient currently utilized tizanidine 4 mg as needed, naproxen 500 mg as needed and Dendracin lotion. The provider subsequently rendered a prescription to the patient to utilize tramadol 50 mg as needed. The provider documented a request for random urine drug screening for the purpose of monitoring, documenting and insuring patient compliance with the use of schedule III and schedule II prescription medications, which can be habit-forming, abused and/or diverted. A urine drug screen performed on 07/25/2013 revealed no inconsistencies.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. The request for a urine drug screen each quarter (4x per year) is not medically necessary and appropriate.

The Claims Administrator based its decision on the California MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug Testing Section, page 43 and the Official Disability Guidelines (ODG) Pain Chapter,

The Physician Reviewer's decision rationale:

The current request is not supported. The clinical documentation submitted for review reported that the patient presented with chronic pain complaints status post a work-related fall with injury sustained in 11/2012. The requesting provider, [REDACTED], is recommending random urine drug screening to assess the patient for compliancy with his medication regimen. The provider documented that the patient was utilizing tramadol 50 mg as needed. The patient underwent a urine drug screen on 07/25/2013, which revealed no inconsistencies 4 times per year. This request appears excessive in nature. The clinical notes do not evidence that the patient has previously been noncompliant with his medication regimen or presents as in a high risk category for frequent urine drug screening. The California MTUS does support drug screening to assess for the use or presence of illegal drugs. In addition, the Official Disability Guidelines indicate them if the patient has a positive or at risk addiction screen on evaluation, evidence of a history of comorbid psychiatric disorders, such as depression, anxiety, bipolar disorder and/or personality disorder. The frequency of testing depends on documented evidence of risk stratification, including the use of a testing instrument. Given all of the above, the request for a urine drug screen each quarter (4 times per year) is neither medically necessary nor appropriate.

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.

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[REDACTED]

CM13-0023385