

<b>Case Number:</b>	CM13-0013452		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 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.

### CLINICAL CASE SUMMARY

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

The injured worker is a 59-year-old male who reported an injury on 06/09/2010. The mechanism of injury was a furnace came back from rebuilding; when the injured worker lifted the furnace's counterweight door, the door was not spring loaded and weighed over 100 to 150 pounds. The injured worker lifted the door over his head and felt immediate pain upon lifting the door. The treatment included physical therapy and medications as well as epidural steroid injections. The injured worker underwent lumbar spine surgery. The documentation indicated the injured worker had undergone a urinalysis for medications on 06/19/2013. It was indicated the transdermal analgesics should be continued for the injured worker. The documentation of 07/24/2013 revealed the injured worker was to take Ultram for pain 50 mg #120 one to 2 tablets 3 to 4 times per day with 3 refills. The request was made for a urinalysis. The diagnosis included intervertebral disc disorder lumbo/lumbosacral intervertebral disc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(RETROSPECTIVE) URINE ANALYSIS COLLECTED 7/24/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the injured worker had a previous urine drug screen. There was a lack of documentation indicating the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for RETROSPECTIVE) DOS 7/24/13 URINE ANALYSIS COLLECTED 7/24/13 QUANTITY 1.00 is not medically necessary.