

<b>Case Number:</b>	CM13-0032887		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/24/2006
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease, and is licensed to practice in 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.

### 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 patient is a 57-year-old who reported injury on 04/26/2006. The mechanism of injury was stated to be the driver of a truck loosened the load strap while unloading large MDF (medium-density fiberboard) panels. The patient indicated that while they were unloading large MDF panels weighing at approximately 100 pounds each, the stack had come off the truck and it pinned him in between the wood and the truck. There were approximately 10 or more panels. The panels fell from the truck and hit the patient in the back. The patient was noted to have a successful trial of the spinal cord stimulator. The patient's diagnoses were noted to include lumbar radiculopathy, lumbar post-laminectomy syndrome and status post successful cord stimulator trial. The request for made for 1 urine drug screen and 1 urine drug screen in 90 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One urine drug screen in 90 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Physician Reviewer's decision rationale: Chronic Pain Medical Treatment Guidelines indicates that the use of urine drug screening is for patients with

documented issue of abuse, addiction, or poor pain control. Clinical documentation submitted for review indicated the patient had previously been on opioids. There was a lack of documentation indicating the patient had documented issues of abuse addiction, or poor pain control. The request for one urine drug screen in 90 days is not medically necessary or appropriate.