

<b>Case Number:</b>	CM13-0072467		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/10/2007
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 & Rehabilitation, has a subspecialty in Sports Medicine 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 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 50-year-old female who reported injury on 11/10/2007. The injured worker underwent an L3-S1 lumbar fusion on 09/09/2009, along with a spinal cord stimulator implantation and removal. The mechanism of injury was not provided. The documentation indicated the injured worker had undergone a urine drug screen on 09/26/2013, which revealed the injured worker was compliant with medications. The mechanism of injury was not provided. The injured worker had physical therapy and aquatic therapy, as well as a caudal epidural steroid injection without improvement. The medications included Norco 10/325 for breakthrough pain, gabapentin for neuropathic pain, and Lidoderm patches. The diagnosis included history of low back pain status post L3-S1 lumbar fusion, bilateral lower extremity radicular symptoms, cervical pain with bilateral upper extremity radicular symptoms, painful scar in the right superior buttock at the site where the spinal cord stimulator generator was implanted and removed, psychiatric diagnoses, and status post cerebrovascular accident x2 with ongoing Coumadin therapy. The treatment plan and discussion included the injured worker had reached maximum medical improvement as of 03/12/2013, authorization for medications, physical therapy, and a psychiatric evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREEN:** Upheld

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

**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 are appropriate for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation indicated the injured worker had previously undergone a urine drug screen. There was a lack of documented rationale for the requested service. There was no DWC Form RFA submitted with the requested procedure. Given the above, the request for urine drug screen is not medically necessary.