

<b>Case Number:</b>	CM14-0110276		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 53 year old male who sustained an industrial injury on 11/18/2011. The mechanism of injury was while unloading a truck he experienced low back pain. His diagnosis is low back pain and he is s/p L4-5 laminectomy, microdiscectomy, neuolysis, and posterior spinal fusion with screw fixation and PEEK cage on 04/05/2013. He continues to complain of low back pain and physical examination reveals decreased range of lumbar motion. Treatment has included medical therapy, physical therapy, acupuncture, chiropractic care and behavior modification. The requesting provider has requested a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** There is no specific indication for the requested urine toxicology screen. The documentation provided did not provide any indication of use of illegal medications or aberrant behavior. Per Chronic Pain Management Treatment Guidelines, screening is

recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. Medical necessity for the requested item was not established. The requested item was not medically necessary.