

<b>Case Number:</b>	CM14-0003858		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	03/14/2008
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Anesthesiology, 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 41 year old male who reported an injury to his left shoulder on 03/14/08. A clinical note dated 12/04/12 indicated the patient demonstrated 170 degrees of left shoulder flexion and 60 degrees of abduction. Tenderness to palpation was identified at the anterior left shoulder. The injured worker utilized three Norco per day. A clinical note dated 01/09/13 indicated the injured worker showed a decrease in muscular hypertonicity at the shoulder and neck. Range of motion deficits at the left shoulder continued. There was an indication the injured worker finished all formal therapy at the left shoulder. A clinical note dated 12/18/13 indicated the injured worker utilized Norco for pain relief. The injured worker underwent a rotator cuff repair. A clinical note dated 01/08/14 indicated the injured worker continued with Norco and Motrin. The injured worker continued with left shoulder range of motion deficits. A 3mm supraspinatus tear had been identified at the left shoulder MRI on 12/11. Previous urine drug screens were consistent with the prescribed drug regimen. A clinical note dated 02/05/14 indicated the injured worker underwent a urine drug screen on 12/11/13 which revealed the presence of THC and methadone. The injured had a medicinal THC card but had been utilizing his girlfriend's pain medications. The patient was recommended for additional urine drug screen. However, the most recent utilization review on 12/27/13 resulted in denial as an overly comprehensive test was not supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 PANEL URINE DRUG SCREEN:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 43

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**Decision rationale:** The clinical documentation indicates the patient complains of ongoing shoulder pain. There is an indication that the injured worker has undergone rotator cuff repair. However, the injured worker continued with Norco. Additionally, the injured worker recently underwent a urine drug screen which revealed inconsistent findings with use of methadone. There was also an admission by the injured worker that he had been utilizing his girlfriend's pain medication. Given the inconsistent findings on the most recent urine drug screen, the request for 12 panel urine drug screen is reasonable in order to insure the injured worker's compliance with the prescribed medication. Therefore this request is medically necessary and appropriate.