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| <b>Case Number:</b>   | CM14-0034900 |                              |            |
| <b>Date Assigned:</b> | 06/23/2014   | <b>Date of Injury:</b>       | 12/03/2012 |
| <b>Decision Date:</b> | 07/24/2014   | <b>UR Denial Date:</b>       | 03/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/20/2014 |

### 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 California. 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 34 year old male who sustained an injury to his left upper extremity on 12/03/12. The mechanism of injury was not documented. The injured worker continued to complain of severe left arm pain and a feeling of tenderness and soreness in the left shoulder. He stated that he could not grip or pull without starting to feel numbness, tingling, and a burning sensation in his left shoulder with numbness radiating down to his left hand. The injured worker rated his pain at 9/10 on visual analog scale 9VAS0. Physical examination noted range of motion left shoulder flexion 114 degrees; muscle strength 4/5; hypoesthesia noted over the C4 through C7 dermatomes on the left. The injured worker was diagnosed with supraspinatus tendon partial tear, left, left labral tear, left sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Criteria for Use of Urine Drug Testing <http://www.odg-twc.com>.

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

**Decision rationale:** The medical records provided for review indicate that the injured worker was taking Ultram and Soma; however, due to multiple inconsistencies with previous drug screening, the medications were denied by his insurance company. There was no additional significant objective clinical information provided for review that would support reversing the previous adverse determination. Given that the injured worker was no longer taking prescription medications, the requested urine drug testing is not medically necessary and appropriate.