

Case Number:	CM14-0097772		
Date Assigned:	07/25/2014	Date of Injury:	12/17/2012
Decision Date:	09/29/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/17/2014

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, has a subspecialty in Pain 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 53 year old male who reported an injury to his left shoulder. No information was submitted regarding the initial injury to the left shoulder. The clinical note dated 07/10/14 indicates the injured worker having previously undergone a Superior Labrum from Anterior to Posterior repair and a subacromial decompression on 05/28/14. The urine drug screen completed on 06/12/14 resulted in inconsistent findings with the positive use of hydrocodone and no consistent use of prescribed Temazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random Urine Drug screen to verify medication compliance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability guidelines.

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

Decision rationale: The request for a random urine drug screen to verify medication compliance is medically necessary. The documentation indicates the injured worker having undergone a surgical procedure at the left shoulder. There is an indication the injured worker has been recommended for the use of Restoril. However, the most recent urine drug screen revealed the

injured worker not utilizing this medication as prescribed. Additionally, there is also an indication the injured worker has been utilizing non-prescribed opioids. Given the noncompliance with the previous urine drug screen, an additional urine drug screen is indicated in order to monitor the injured worker's compliance for all prescribed medications.