

Case Number:	CM13-0006721		
Date Assigned:	09/03/2013	Date of Injury:	02/14/2008
Decision Date:	05/06/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/05/2013

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 Interventional Spine 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 patient is a 61-year-old male with date of injury of 02/14/2008. The listed diagnoses per [REDACTED] dated 06/26/2013 are: 1. Status post rotator cuff repair, right shoulder. 2. Status post 4-level cervical fusion from 2010. 3. Lumbar spine surgery from 2008. According to the progress report, the patient complains of severe pain in multiple areas. He feels that Zanaflex is not helping with his symptoms. He is currently taking oxycodone up to 5 times per day and feels that it is inadequate. Objective finding shows there is sensory deficit present over the left L5 and S1 dermatomes. No other physical findings were noted on this report. The treater is requesting a 1-week inpatient detoxification program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) WEEK PARTICIPATION IN AN INPATIENT DETOXIFICATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DETOXIFICATION Page(s): 42.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with severe pain in multiple areas. The treater is requesting a 1 week inpatient detoxification program. The progress report dated 06/26/2013 documents that the treater feels that this patient would benefit from a detox program and that he should be transitioned to Suboxone/Subutex. The MTUS Guidelines page 42 recommend detoxification for intolerable side effects, lack of response, aberrant drug behaviors with dependence, refractory comorbid psychiatric illness or lack of functional improvement. ODG further states for length hospital stay, best practice target with no complication is 4 days. In this case, the treater does not explain why this patient requires detoxification. There are no discussion regarding intolerable side effects, lack of response, aberrant behavior, comorbid psychiatric illness, etc. With the hospital stay target at 4 days, the requested 7 days may be reasonable, but the treater needs to provide additional documentation for the patient's need for detox, and an explanation as to why an in-patient detox is required rather than a slow and gradual weaning of medication on an out-patient basis. Recommendation is for denial.