MAXIMUS Federal Services

Case Number:	CM13-0006828		
Date Assigned:	12/27/2013	Date of Injury:	12/23/2008
Decision Date:	03/18/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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 applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome, arm pain, leg pain, shoulder pain, and hip pain associated with an industrial injury sustained on December 23, 2008. Thus far, the applicant has been treated with analgesic medications, antidepressants, long and short-acting opioids, crutches, muscle relaxants, bariatric surgery, carpal tunnel release surgery, psychological counseling, and extensive periods of time off of work. In a July 10, 2013 progress note, the applicant reports persistent 6-8/10 pain. The applicant is having heightened pain with standing and other activities. The applicant is presently on Lidoderm, Savella, Klonopin, Norco, Seroquel, and Duragesic. She is applying for disability and is off of work through the workers' compensation system. She states that her medications are not providing the same level of analgesia as in the past. The applicant would like to be detoxified off of her many medications, including Exalgo, Duragesic, Klonopin, Seroquel, Savella, and Hydrocodone. The applicant states that she is having withdrawal symptoms at times while using lesser amounts of Duragesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for drug detoxification: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32, 42.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, detoxification is recommended for those individuals using opioids chronically, as opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. In this case, the applicant is in fact having withdrawal symptoms at present with lesser amounts of Duragesic. As further noted in the MTUS Chronic Pain Medical Treatment Guidelines, detoxification programs may be appropriate for applicants who are incapable of tapering themselves off of opioids independently, who have comorbid medical conditions which require more intense oversight, and/or those individuals who have psychological issues and are receiving large amounts of medications requiring oversight of a weaning process. In this case, the applicant is in fact using numerous analgesic, adjuvant, and psychotropic medications. A formal detoxification program may be beneficial. Therefore, the request is certified.

request for a functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, criteria for pursuit of functional restoration program include evidence that a valid precursor evaluation has been made for individuals in whom there is an absence of other options likely to result in significant clinical improvement. The applicant should also exhibit motivation to change and should be willing to forego secondary gains to effect this change. In this case, these criteria have not been met. No precursor evaluation has been performed. The applicant is receiving money through the workers' compensation system, and is now applying for long-term disability. Thus, the applicant does not appear to be willing to forego secondary gains to improve. Also, since the applicant is pursuing a detoxification program, there are other options likely to result in significant clinical improvement. For all of the stated reasons, the functional restoration program is not certified.