

Case Number:	CM13-0007945		
Date Assigned:	09/13/2013	Date of Injury:	11/20/2006
Decision Date:	02/25/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/07/2013

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 Neuromuscular 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:

██████████ is a 65 year old man who sustained a work-related injury on November 20, 2006. The subsequently, the patient developed a low back pain with bilateral lower extremity radiation and difficulty with balance. The patient was diagnosed with lumbar radiculopathy, opioid dependency, chronic pain, ataxia, and bipolar disorder. The patient had a limited response to attempts to wean subutex on an outpatient basis. According to note dated on July 29, 2013, the patient was complaining of low back pain radiating to lower extremities, and neck pain radiating to bilateral upper extremities. The patient and level of pain was 4/10 with medications and 9/10 without medications. Physical examination demonstrated the ability listed the range of motion of lumbar spine, and moderate decrease in motor strength in both lower extremities. The patient was treated with the opioid analgesics including tramadol and Subutex and also Lyrica. The provider is requesting authorization for inpatient detox program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Detox Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Chronic Pain, Medication/Detox.

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

Decision rationale: There is no clear documentation for attempts for reduction of pain medications or outpatient detoxification. Furthermore, there is no clear documentation and justification of 30 days in patient detoxification. Therefore, the request for Inpatient Detox Program is not medically necessary.