

<b>Case Number:</b>	CM13-0009821		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	01/13/2003
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 55-year-old male who reported an injury on 01/13/2003. The mechanism of injury was not specifically stated. The current diagnoses include post-laminectomy syndrome, cervical radiculitis, lumbar radiculitis, and chronic opioid use. The injured worker was evaluated on 09/17/2013. The injured worker reported persistent neck and lower back pain with radiating symptoms into the bilateral upper and lower extremities. Current medications include Oxycodone 30mg, OxyContin 20mg, Soma 350mg, Valium 5mg, Xanax 1mg, and Trazodone 150mg. Physical examination revealed painful cervical range of motion, tenderness to palpation of the cervical spine, a positive straight leg raise bilaterally, tenderness to palpation of the lumbar facet joints at L3-S1, tenderness to palpation of the greater trochanter on the right and painful lumbar range of motion. Treatment recommendations at that time included the continuation of current medications and an admission into a rapid detox facility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE RAPID DETOX PROGRAM AT [REDACTED] TO CONSIST OF ONE WEEK IN PATIENT CLINIC WITH TWO WEEKS IN RECOVERY FACILITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42, 102-103. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Hospital length of stay (LOS).

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that rapid detox is not recommended. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Detoxification may be necessary due to intolerable side effects, a lack of response, aberrant drug behaviors, refractory comorbid psychiatric illness, or a lack of functional improvement. There is no mention of any of the above-mentioned criteria for the use of a detoxification program. Additionally, the Official Disability Guidelines state the hospital length of stay for drug detoxification includes a median of 4 days. Therefore, the current request for a rapid detox program for 1 week in an inpatient clinic with 2 weeks recovery thereafter exceeds the guideline recommendations. Therefore, the request for a rapid detox program is not medically necessary.

**ONE CARDIAC CLEARANCE PRIOR TO INPATIENT DETOX:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ONE PRESCRIPTION OF OXYCODONE 30MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Oxycodone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 08/2012 without any evidence of objective functional improvement. There is also no frequency listed in the current request. Therefore, the request for Oxycodone 30mg is not medically necessary.

**ONE PRESCRIPTION OF OXYCONTIN 20MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Oxycodone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 08/2012 without any evidence of objective functional improvement. There is also no frequency listed in the current request. Therefore, the request for Oxycontin 20mg is not medically necessary.

**ONE PRESCRIPTION OF SOMA 350MG #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 and 124.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that muscle relaxants are recommended as non-sedating second-line options for the short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has utilized this medication since 08/2012 without any evidence of objective functional improvement. Guidelines do not recommend the long-term use of this medication. Additionally, there is no frequency listed in the current request. Therefore, the request for Soma 350mg is not medically necessary.

**ONE PRESCRIPTION OS VALIUM 5MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependence. The injured worker has utilized this medication since 08/2012 without any evidence of objective functional improvement. Guidelines do not recommend the long-term use of this medication. Therefore, the request for Valium 5mg is not medically necessary.

**ONE PRESCRIPTION OF XANAX 1MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependence. The injured worker has utilized this medication since 08/2012 without any evidence of objective functional improvement. Guidelines do not recommend the long-term use of this medication. Therefore, the request for Xanax 1mg is not medically necessary.