

Case Number:	CM13-0012570		
Date Assigned:	09/30/2013	Date of Injury:	04/14/2009
Decision Date:	02/05/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/12/2013

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 Family Practice, 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 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.

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 46-year-old male who sustained a work-related injury on 04/14/2009. The patient's diagnoses include back pain, thoracolumbar strain, hypertrophic spurring of T7-10, degenerative disc disease, degenerative discopathy, chronic myofascial pain syndrome, mild high frequency sensorineural hearing loss, depression, generalized anxiety disorder, and insomnia. Subjectively, the patient reported persistent and chronic back pain. The medication regimen included Norco, nortriptyline, and Lidoderm patches. Objective findings revealed the patient to be somewhat agitated and evasive with answers. The clinical information indicated the patient obtained opiate refills from two different providers in 06/2013. The documentation indicated the patient acknowledged his dependence on opioid medication and reported he would be willing to detoxify from the Norco, but could not do it on his own. Request for authorization for an addiction medicine consult was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) consultation with an addiction specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The Chronic Pain Guidelines state that "consideration of an addiction medicine consult is recommended if there is evidence of substance misuse." The clinical records provided indicated that the patient was obtaining multiple prescription opiates from different providers, and that the patient acknowledged he had a dependence issue. The documentation further indicated the patient was motivated to wean off of opiates, but again acknowledged he needed assistance. Given the clinical provided and guideline recommendations, the request is supported. As such, the request for 1 consultation with an addiction specialist is certified.