

<b>Case Number:</b>	CM13-0014954		
<b>Date Assigned:</b>	10/04/2013	<b>Date of Injury:</b>	07/03/2008
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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 Orthopedic, and is licensed to practice in Maryland, New Hampshire, New York, and Washington. 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 patient sustained an industrial injury on July 3, 2008. Mechanism injury occurred while he was employed the patient is a mechanic who sustained injury to his neck, back knees, and legs when a vehicle backed into him. He has been under the care of a treating physician for cervical radiculopathy and lumbar spine mild facet arthropathy. Supplemental reports in the medical records from 2013 noted blood work to evaluate liver and kidney function for patients on chronic use of medications revealed that the patient had elevated AST and ALT as well as thrombocytopenia. Patient admitted to regular alcohol use. He describes decreasing his alcohol intake to 18 beers a day to 6 beers a day. Based on the fact that the patient has been unable to discontinue drinking and he continues to require pain management, it is requested that he undergo an inpatient opioid detox program to address both alcohol and drug usage. The patient is on fentanyl Q 3 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opioid detoxification program:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medical Treatment Utilization Schedule regarding detox, page 42

**Decision rationale:** MTUS Detox Guidelines above are not met in this case. The medical necessity for opioid detoxification program, given the fact that the patient is only on fentanyl Q3 days, has not been established. The patient's use of controlled substances appears to be appropriate in the clinical setting because he is only on fentanyl Q 3 days and he has chronic spine pain. The use of an inpatient rehab program does not appear to be required in this case. The patient's opioid medication is prescription, and the appropriate reduction method would be for the prescribing physician to gradually reduce the opioid dosage over several weeks. Furthermore, it is noted that multiple discussions had taken place between the treating physician and the patient regarding discontinuing his use of alcohol and seeking outpatient alcohol cessation, as well as an alcoholic's anonymous program. However, it appears that the patient has not followed through with these recommendations. This indicates questionable motivation by the patient. The medical necessity of inpatient opioid detoxification program is not supported based on MTUS Guidelines.