

<b>Case Number:</b>	CM13-0014986		
<b>Date Assigned:</b>	10/04/2013	<b>Date of Injury:</b>	10/02/2004
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/16/2013
<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 Internal Medicine and Cardiology, is Fellowship trained in Cardiovascular Disease, 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. 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 is a 48-year-old male who reported a work-related injury on 10/02/2004, specific mechanism of injury not stated. Subsequently, the patient has had 3 lumbar spine surgeries since 2005. The patient was initially detoxified from pain medication in 2008. History and physical of the patient, dated 08/14/2013 and signed by [REDACTED], documents that the patient presents with a past medical history of multiple back surgeries and chronic pain. The patient has been utilizing opiates since 2004. The provider documents the patient had been gradually decreasing use until he used Fentanyl 25 mcg over 2 days; at that time, the patient attempted to stop, but he could not because he had severe back pain. The patient received authorization for inpatient detox because the patient could not succeed on an outpatient basis. The patient, upon physical exam, had vital signs stable at 140/70, pulse of 92, respirations 18, temperature 98.4. The provider documented the patient would be admitted to the chemical dependency unit where he would utilize a Valium taper to decrease withdrawal symptoms. Clinical notes reviewed document the patient remained inpatient for detoxification from 08/09/2013 through 08/14/2013 without evidence of any significant changes in vital signs, or outward effects from the discontinuation of Fentanyl. The patient was utilizing Valium as needed due to complaints of anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In-patient hospital stay, 3 additional days for detox: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 32, 102-103.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**Decision rationale:** The clinical documentation submitted for review reports the patient has a past medical history of multiple back surgeries and chronic pain complaints and had been utilizing opiates since 2004. The patient reported wanting to undergo a second detox, with the last one having been performed in 2008. The patient reported utilization of fentanyl patches was ineffective for his pain complaints, offering the patient only euphoric symptoms. The clinical notes of the patient's inpatient stay from 08/09/2013 through 08/14/2013 did not evidence the patient presented in any significant anxiety state, distress, or objective findings of significant withdrawal symptomatology. The patient denied shortness of breath or dizziness, and the patient's vital signs remained stable throughout his course of treatment. California MTUS/ACOEM Guidelines do not specifically address in-patient length of stay for detox. Official Disability Guidelines indicate, "Best target practice, no complications is 4 days for medical drug detox." The clinical notes do not offer evidence that the patient presented in any extraordinary distress as the result of titrating from utilization of a fentanyl patch. Therefore, the 3 additional in-patient detox days are not medically necessary or appropriate.