MAXIMUS Federal Services

Case Number:	CM13-0017602		
Date Assigned:	10/11/2013	Date of Injury:	11/02/2005
Decision Date:	01/22/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/27/2013

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 Physical Medicine & Rehabilitation 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:

The underlying date of injury in this case is 11/02/2005. The primary diagnosis is shoulder pain. Additionally reported diagnoses include cervical intervertebral disc degeneration, cervicalgia, shoulder bursitis, and muscle spasm. A progress note of 07/10/2012 discussed a urine toxicology screen of 04/13/2012 demonstrating large amounts of methadone which have not been provided by that practitioner. That report also notes that the patient obtained multiple other opioids which had not been prescribed by that practitioner. [redacted] recommended further evaluation by an addictionologist or psychologist. On 05/23/2013, [redacted] discusses at length concerns addressed by a prior physician regarding aberrant drug behavior and the patient's explanation of that behavior as well as a plan to prescribe Norco with very specific monitoring for possible aberrant behavior and along with active rehabilitation for myofascial pain syndrome. On 06/14/2013, the treating physician met with the patient to express concerns about prescribed hydrocodone not present on the urine drug study and non-prescribed methadone which was present. The treating physician recommended an addiction consultation and indicated plans to consider detoxification. On 07/09/2013, [redacted] had noted that the patient was a no-show at an addiction medicine evaluation. An addiction medicine evaluation conducted on 07/18/2013 had concluded the patient was not a good candidate for long-term management of his pain with opioids due to significant aberrant behavior as well as adverse childhood events and possible addiction to opioid medications. He recommended Suboxone induction on an inpatient basis followed by outpatient detoxification. An initial physician review recommended further weeding of medications on a gradual basis, noting that the clinical guidelines did not establish the medical necessity for rapid detoxification and Suboxone induction.

IMR ISSUES, DECISIONS AND RATIONALES

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

inpatient stay at [redacted] SCIPP unit x 3 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version, Pain Chapter

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Detoxification, page 42, states, "Detoxification is defined as withdrawing a person from a specific psychoactive substance...gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms." Additionally, the same guidelines under buprenorphine states, "Recommended for treatment of opioid addiction." A prior physician reviewer stated that the guidelines recommend gradual tapering rather than inpatient detoxification. However, the guidelines give the alternative of buprenorphine or Suboxone in treatment of opioid addiction. This is a very complicated case with multiple efforts by multiple physicians to monitor and taper opioid medications on an outpatient basis unsuccessfully. Given repeatedly documented events of aberrant drug behavior, the guidelines support the very well-outlined rationale for inpatients to Suboxone/buprenorphine induction in this case. This request is medically necessary.

outpatient drug optimization/detoxification services x 10 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version, Pain Chapter

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Detoxification, page 42, states, "Detoxification is defined as withdrawing a person from a specific psychoactive substance...gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms." Additionally, the same guidelines under buprenorphine states, "Recommended for treatment of opioid addiction." Since inpatient Suboxone induction has been recommended as medically necessary, it follows per the guidelines that subsequent outpatient detoxification services would be indicated as consistent with the guidelines. Therefore, this request is medically necessary