

Case Number:	CM13-0019199		
Date Assigned:	10/11/2013	Date of Injury:	10/14/2011
Decision Date:	02/11/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/03/2013

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, has a subspecialty in Pulmonary Disease 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 patient is a 68-year-old male who reported a work related injury on 10/14/2011, specific mechanism of injury not stated. The most recent clinical note submitted for review is dated from a hospital visit on 04/20/2013 whereas the patient presented with complaints of diarrhea for over 10 hours. The clinical note documents the patient utilizes Fosamax, Celexa, Zocor, Fioricet, and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient detox program for unspecified duration for chronic opioid use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

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 current request is not supported. The clinical documentation submitted for review lacks evidence to support the patient presenting inpatient for detox program for an unspecified duration for chronic opioid use. The clinical notes fail to document the patient presenting with any aberrant behaviors, documentation of lower levels of attempts to withdraw

from opioid regimen had failed, intolerable side effects or lack of functional improvement with medication regimen. Official Disability Guidelines indicate most commonly recommended when there is evidence of substance misuse or abuse, evidence that medication is not efficacious, or evidence of excessive complications related to use. Given the lack of documentation evidencing any of the above as well as lack of specific duration of the patient's stay for inpatient detox program within the request, the request for inpatient detox program for unspecified duration for chronic opioid use is not medically necessary or appropriate.