

Case Number:	CM13-0021600		
Date Assigned:	04/23/2014	Date of Injury:	04/13/2005
Decision Date:	06/10/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation; Pain Management, has a subspecialty in Interventional Spine 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 expert 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 58 year old male with date of injury 4/13/05. The treating physician report dated 8/7/13 indicates that the patient presents with diffuse lower back pain that is progressively worsening and is rated an 8-9/10. The current diagnoses are: 1.Lumbago 2.Spasm of muscle
The utilization review report dated 8/21/13 denied the request for in office detox for 5 days, based on guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

IN OFFICE DETOX FOR 5 DAYS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification, Rapid detox Page(s): 42, 102-103.

Decision rationale: The patient presents with worsening lower back pain that is rated an 8-9/10. The current request is for in office detox for 5 days. The treating physician notes the current medications as Oxydcodone Hcl 30mg 2 tabs pot id prn, Oxycontin 20mg qd, Omeprazole 20mg po qd, Avapro 150mg, Lipitor 10mg, Baclofen 10mg one hs. The treating physician states,

"Having sweats every 2-3 hours with extreme diaphoresis. The patient is a healthy, well appearing male, in no apparent distress. Patient ambulates without a device. Gait of the patient is normal. Request Level 5 visit x 5 days in addition to trigger point injection x5 with ultrasound as he will be coming to clinic and be observed for approximately 2-4 hours each day." The MTUS guidelines regarding detoxification states, "Not recommended. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms." The treating physician has recommended a 5 day detox program that is not supported by the MTUS guidelines. The treating physician has not documented any extenuating circumstances that would indicate that a rapid 5 day in office detox is medically necessary. The request for Office Detox is not medically necessary.