

Case Number:	CM13-0024826		
Date Assigned:	11/20/2013	Date of Injury:	02/13/2010
Decision Date:	02/04/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

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 Family Practice, has a subspecialty in Pain Medicine 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

54 yr. old male claimant sustained an injury while unloading mail on 2/3/10 which resulted in a low back injury. He has been having pain for several years and his treatments have included epidural steroid injections, lumbar surgery, medical Marijuana, TENS units, trigger point injections, therapy and analgesics (Norco 10/325mg). A pain management visit on 6/12/13 reported that the claimant was doing well on 2-3 Norco per day and denied any drug or substance abuse. There was a requisition to enroll the claimant in a detoxification program. The physician determined that the claimant is on an appropriate amount of medication and that it can be managed satisfactorily. The claimant was offered Suboxone therapy; however, he desired pain control and detoxification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Detox program and suboxone therapy, unknown duration/input or output: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning Opioids Page(s): 91-92 and 124.

Decision rationale: Discontinuing opioids is appropriate when the patient request to be weaned off of them. In this case, the claimant is on 10 mg of hydrocodone 2 to 3 times per day which is

half of the maximum recommended dose. Furthermore, the reviewed documentation states this is a manageable dose with no noted adverse side effects, addiction or intoxication. The need for a detoxification program with suboxone therapy is not medically indicated, since the weaning of the current opioid medication can be performed under the protocol outlined in the MTUS Guidelines.