

Case Number:	CM13-0026928		
Date Assigned:	09/08/2014	Date of Injury:	01/31/2003
Decision Date:	10/17/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/19/2013

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Tennessee. 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 injured worker is a 39-year-old female who was reportedly injured on 01/31/2003. The injured worker underwent a L4-5 discectomy in 2005 and subsequent L3-5 fusion in 2008. Treatment has included medications and injections. Last progress report dated 09/04/2013 noted the injured worker complaining of worse back pain and neck spasm causing the left hand to go numb. Current medications include Dilaudid, Soma, morphine sulfate, Ambien, ranitidine, Celebrex and clonazepam. The report states that the injured worker cannot detox as an outpatient but there is no explanation or documentation as to why. A request was made for inpatient detox pain clinic and was not certified on 09/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Detox Pain Clinic: Upheld

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

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

Decision rationale: No reason is stated in the medical records as to why the injured worker cannot be weaned from her opioid medications. Furthermore, the records do not indicate

addiction or dependence and thus the need for inpatient detoxification. According to the records the injured worker has a multidisciplinary team managing her pain regimen and the patient is competent enough to enter into a pain management contract. The records also state that it is not believed the patient will be functional without some level of pain medication in her treatment regime again this would contraindicate a need for inpatient detoxification. Therefore, Inpatient Detox Pain Clinic is not medically necessary and appropriate.