

Case Number:	CM13-0027343		
Date Assigned:	03/19/2014	Date of Injury:	03/06/2009
Decision Date:	05/28/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/20/2013

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 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:

This is a 48 year old female patient with a 3/6/09 date of injury. The patient has complained of lower back pain and neck pain. She underwent a cervical discectomy and fusion procedure 2010. 8/12/13 pain management follow up visit stated that the patient has constant severe low back and right leg pain, She was seen by an Addiction specialist and has had discussions regarding Subaxone. Her current medication regimen included OxyContin 20mg twice a day, Robaxin 500mg 1-2/day, Norco 10/325mg twice a day. Her family is motivating her to go to detox related to her dependence on opioid medications. Current pain intensity is 4-7/10. Examination revealed limited lumbar range of motion with spasm and guarding. There was pain elicited in the left low back and buttock area. There is pain elicited in the right buttock area. Discussion included the possible use of a spinal cord stimulator trial. 7/23/13 note from [REDACTED] (Addiction specialist) states that the patient suffers from opioid addiction and would like to start a Subaxone program. She started using opioid analgesics in 2004 and has developed tolerance. She had never used opioids recreationally. She is motivated to stop use of opioids. 7/22/13 urine drug screen was positive for oxycodone, cannabinoids. 4/1/13 note indicates that the patient is on OxyContin 20mg twice a day, Robaxin, and Norco twice a day. The patient was able to not take her Norco after bilateral sacroiliac injections. She is motivated to participate in a detox program to decrease her dependence on opiates. She denies misuse of medications. There is documentation of an 8/27/13 determination in which outpatient detox was recommended for two weeks (modified determination).

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT DETOX PROGRAM: Overturned

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

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

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines states that detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. May be necessary due to the following: (1) Intolerable side effects, (2) Lack of response, (3) Aberrant drug behaviors as related to abuse and dependence, (4) refractory comorbid psychiatric illness, or (5) Lack of functional improvement. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. This patient is noted to have been on long term opioid medications and has developed tolerance and physical dependence. She exhibits no signs of misuse of medications, but has experienced some withdrawal symptoms and is motivated to proceed with decreasing her physical dependence on opioid medication. She has been seen by an Addiction specialist who is recommending a detox program. Given the motivation, long term use of narcotics, physical dependence, and tolerance (signs of addiction), the patient is a candidate for an outpatient detox program. Weaning of opioid medications by means of outpatient detox is recommended. The request is medically necessary.