

Case Number:	CM13-0028305		
Date Assigned:	11/27/2013	Date of Injury:	10/09/1999
Decision Date:	01/21/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/23/2013

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 Occupational 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. 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 injured worker with a date of injury October 9, 1999. The patient alleges a specific injury to his left shoulder, cervical strain, right hand, palm. This injury is due to being a passenger in a work vehicle that rolled over. The patient has had conservative treatment including medication, physical therapy, medical Perry, prolotherapy, and epidural injections. Medical records from September 9, 2013 state the patient has been having Norco refilled every two weeks. The physician indicates concern that the patient is having to refill of medications so often. He believes that the continuation of pain could be secondary to the chronic amount of narcotics taken. This is the reason for the referral to pain management and possible detoxification.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient pain management evaluation and detoxification treatment: 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 Detoxification Page(s): 42.

Decision rationale: CA MTUS Chronic Pain Guidelines recommend detoxification with specific indications. These indications may include side effects, lack response, aberrant drug behavior as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Gradual weaning is recommended for long-term opioid users because opiates cannot be abruptly discontinued without the risk of withdrawal symptoms. The doctor recognizes the need for detoxification and this patient as there is seemingly a lack of response to the medications, lack of functional improvement, signs of dependence. Therefore, the request for detoxification is recommended.