

<b>Case Number:</b>	CM13-0031990		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	06/12/2004
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Psychiatry 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 52-year-old female who reported an injury on 06/12/2004. The patient reportedly sustained an injury to her back and left ankle. The patient was treated conservatively with medications, physical therapy, and a TENS unit. The patient had difficulty with the weaning process of Percocet. The patient's most recent clinical evaluation indicated that the patient continued to take medications to include Duragesic 50 mg per hour 3 every 3 days, Percocet 5/325 mg 1 three times daily, and Klonopin. Physical findings included tenderness to palpation in the bilateral greater trochanters, sciatic notch, and lumbar spine. It was noted that the patient has 4/10 pain with medications and 8/10 without. The patient's diagnoses included severe painful lumbar spondylosis, chronic lumbar radiculopathy, pain induced insomnia, restless leg syndrome, and chronic bilateral trochanter bursitis. The most recent clinical note provided indicated that the patient was overusing medication, abusing her prescribed medications, and taking her husband's medications. As the patient is at significant risk for withdrawal symptoms due to the duration of treatment of these medications consultation and treatment for detoxification was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 consultation for detoxification and treatment for detoxification:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Detoxification.

**Decision rationale:** The requested consultation for detoxification and treatment for detoxification is not medically necessary or appropriate. Clinical documentation submitted for review does provide evidence that the patient has a potential for experiencing significant withdrawal symptoms. There is documentation of aberrant and drug seeking behavior. Therefore, consultation for detoxification would be supported as the patient has had abrupt discontinuation of certain medications. However, as a consultation and development of a treatment plan has not occurred, the actual treatment for detoxification is not supported. Additionally, clinical note dated 09/27/2013 did indicate that the patient successfully weaned herself from Percocet and was planning to discontinue the use of her husband's pain medications as well as Klonopin. Therefore, 1 consultation for detoxification and treatment for detoxification would not be medically necessary or appropriate.