

<b>Case Number:</b>	CM13-0034166		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	10/18/2006
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 62 year-old with a date of injury of 10/18/06. A progress report associated with the request for services, dated 7/29/13, identified subjective complaints of neck, low back, and shoulder pain. Objective findings included pain with range-of-motion of the right shoulder. There was tenderness to palpation of the cervical spine and lumbar spine. Diagnoses included cervical and lumbar disc disease with myelopathy and shoulder pain. Treatment has included oral opiates. There is no documentation of abuse. The record indicates that the patient requested detoxification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DETOX TREATMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Detoxification; Opioids Page(s): 42, 79.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines note that detoxification may be necessary due to intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of

functional improvement. Guidelines also state that weaning should occur if there is no overall improvement in function and also if requested by the patient. In this case, there is no documentation for an attempt at weaning. Likewise, the record does not document the noted detoxification criteria. As such, the request is not medically necessary.