

<b>Case Number:</b>	CM13-0042997		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/15/2009
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 28-year-old female with date of injury of 05/15/2009. Per treater's report on 09/25/2013, listed diagnoses are: lumbar radiculopathy, opioid abuse, depression and anxiety. This report is handwritten and it is difficult to read. On her subjective complaints, it states, "The patient was lifting her children and feels pain escalation on the back. The patient is emotional and depressed. The patient was to remain off of work." And under other treatment plan, it states, "Please authorize detox program." Utilization review report from 09/26/2013 was reviewed. This report modified the request for 6 days of inpatient detox program to 4 days of inpatient detox program. This report mentions that on 03/25/2013 evaluation by [REDACTED], the patient was in inpatient clinic and was unable to continue after 5 days due to multiple reasons including exposure to heavy secondhand smoking and increasing depression secondary to her being away from family. The patient also admitted to [REDACTED] on 09/25/2013 that the patient was using Norco from the street with her increased pain. AME supplemental report by [REDACTED] was reviewed from 02/26/2013. This report talks about previous detox program authorized through Stanford Detox Facility on 11/15/2012. At that time, there were apparently insurance issues and was not able to go through this program. The patient was pregnant at that time, which complicated the issue. This report also mentions that the inpatient detox treatment was authorized on 11/15/2012, but that never was carried out. Other reports reviewed show 07/17/2013, the patient is on methadone and the patient's brother passed away yesterday. A 07/02/2013 report states that the patient is undergoing home mental health RN visits twice per month; denies withdrawal but notes increased pain. Reports by [REDACTED], 08/13/2013, state "Multiple attempts to get authorization for inpatient detox program from narcotics has been

denied. Recommendation was repeat MRI of the lumbar spine, request ESI, EMG positive for S1 radiculopathy, patient leaving for [REDACTED] secondary to family emergency."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **60 DAYS OF AN INPATIENT DETOX PROGRAM: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient presents with chronic pain syndrome. The treater has requested 60 days of an inpatient detox program. Review of the medical records clearly shows that this patient requires detox. There are documentations of patient taking medications from other people. The patient has been on long-term methadone, currently on Norco. The patient's functional level has not improved with a lack of response. There has been aberrant drug behavior associated with abuse and dependence. There is clearly lack of functional improvement which are all documented. MTUS Guidelines under detoxification states that it is recommended for these very reasons including intolerable side effects, lack of response, lack of functional improvement, aberrant drug behavior related to abuse and dependence. It recommends gradual weaning for long-term opioid users because opioid cannot be abruptly discontinued without probable risk of withdrawal symptoms. MTUS Guidelines also does not recommend rapid detox. In this case, the question is how long of inpatient detox program would be appropriate. The requested 60 days certainly appears prolonged. The slow weaning process discussed in MTUS does not require inpatient program. When referencing Functional Restoration Program, it recommends initial trial of 2 weeks and then additional treatments up to 4 to 6 weeks depending on progress. It would appear that a program from 2 to 4 weeks would be sufficient and the request of 60 days appears excessive. Furthermore, there are no discussion from the patient and treater that the patient is committed to coming off these opiates for life. The patient's motivation and desire for change are not documented. Motivation is an important requirement for such a program as this, and MTUS Guidelines talks about the importance of motivation particularly in the Functional Restoration Program context. Review of the reports also showed that detoxification program was authorized in the past, in 2012, and it is not known why this program was not carried out. The treater has to document the patient's commitment and motivation for change before this type of program can be undertaken with any measure of success. Recommendation is for denial.