MAXIMUS Federal Services

Case Number:	CM13-0044097		
Date Assigned:	12/27/2013	Date of Injury:	04/10/1997
Decision Date:	03/07/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/12/2013

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 Family Practice 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 35-year-old male who reported an injury on 04/10/1997. The patient is currently diagnosed with chronic pain syndrome, lumbar back pain, neuralgia, thoracic back pain, facet syndrome, chronic insomnia, chronic anxiety, and mild cognitive impairment. The patient was recently evaluated on 11/05/2013. The patient presented for medication maintenance. The patient has participated in the HELP program from 10/21/2013 through 10/28/2013 and has weaned off MS XR and Percocet. The patient currently reports ongoing neck, left buttock, thoracic spine, left hip, bilateral low back, and groin pain. Physical examination revealed no deformity of the thoracic or lumbar spine and decreased cervical range of motion. Treatment recommendations included continuation in the HELP program.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Outpatient Drug Optimization Detoxification services x10 days: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse, or misuse. Detoxification may be necessary due to intolerable side effects, lack of response, aberrant drug behaviors, refractory comorbid psychiatric illness, or lack of functional improvement according to the MTUS Chronic Pain Guidelines. As per the clinical documentation submitted, the patient has been completely weaned off MS XR and Percocet while attending a HELP program from 10/21/2013 through 10/28/2013. The request for an additional 10 day duration of treatment is excessive in nature. As the medical necessity for 10 days of detoxification service has not been established, the current request is not medically necessary and appropriate.