

<b>Case Number:</b>	CM13-0044157		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/19/2010
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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, has a subspecialty in Pulmonary Diseases 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 is a 62-year-old female patient with a reported date of injury on 12/19/2010; the mechanism of injury occurred when the patient tripped over a pick cart in receiving at work, and fell to knees. Injury involved the low back and bilateral knees. Diagnoses included substance dependence of prescription medications and pain disorder with both psychological and general medical condition. The patient is status post diagnostic arthroscopy of the right knee, partial medial and lateral meniscectomy on 06/08/2012, as well as a peripatellar synovectomy and debridement of hypertonic fat pad; chondroplasty of trochlear groove, patella, and medial femoral condyle. Other treatments have included medications, physical therapy, and sacroiliac joint injection. Subjectively, the patient did not feel she was dependent on pain medications. The patient reported a high level of debilitating pain with increasing complaints which were noted to be out of proportion with her injuries per the psychological evaluation performed on 09/26/2013. It was noted that the patient resisted efforts to taper down high levels of pain medication to more safe effective levels. The patient was noted to be non-compliant with appointments and displayed angry, belligerent, and verbally abusive behavior toward her provider. The provider requested inpatient chemical dependency treatment on 10/28/2013 due to the patient's aberrant behaviors and dependence upon high doses of medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient chemical dependency treatment program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Official Disability Guidelines.

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

**Decision rationale:** The CA MTUS Guidelines state detoxification is recommended when a patient is noted to have aberrant drug behaviors as related to abuse and dependence, lack of functional improvement from medications and lack of response from medications. The request for inpatient chemical dependency treatment program is non-certified. Subjectively, the patient did not feel she was dependent on pain medications. The patient reported a high level of debilitating pain with increasing complaints which were noted to be out of proportion with her injuries per the psychological evaluation performed on 09/26/2013. It was noted that the patient resisted efforts to taper down high levels of pain medication to more safe effective levels. The patient was noted to be non-compliant with appointments and displayed angry, belligerent, and verbally abusive behavior toward her provider. While inpatient chemical dependency may be indicated, the submitted request did not indicate the duration of the length of stay or dates for the requested program. As such, the request for inpatient chemical dependency treatment program is non-certified.