MAXIMUS Federal Services

Case Number:	CM13-0044484		
Date Assigned:	12/27/2013	Date of Injury:	10/05/2004
Decision Date:	06/04/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

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 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:

The injured worker is a 35-year-old male who reported injury on 10/05/2004. The documentation of 09/25/2013 revealed the injured worker continued to have ongoing pain in the low back, radiating to both lower extremities. The pain was rated a 6/10. The injured worker was requiring escalating doses of oral analgesic medications. The injured worker wanted to try and get off medications, but was having difficulty doing so, as he suffered from significant withdrawal symptoms with anxiety, stomach cramps, increased back pain, leg cramping, and mood swings. It was indicated when the injured worker pushed it far enough, he would get nausea and diarrhea, as well as vomiting. The request was indicated, as per the date of 09/25/2013, the injured worker had been certified for a 7-day inpatient detoxification program. The injured worker had mild distress secondary to low back pain and ambulated with a singlepoint cane. The injured worker's medications included OxyContin 20 mg 4 times a day; Norco 10/325, 6 tablets daily; halcyon 0.25 mg at bedtime; Xanax 2.5 mg twice a day; Prilosec 20 mg daily; Soma 350 mg 3 times a day; Neurontin 600 mg, 1 tab left 3 times a day; and Dendracin topical analgesic cream. The diagnosis was major depressive disorder, recurrent episodes. The diagnoses included status post L4 burst fracture with pedicle screw fixation and stabilization, cervical spine sprain/strain syndrome, bilateral shoulder sprain/strain syndrome, status post left tibial plateau fracture, calcaneus fracture of the right heel, status post open reduction and internal fixation, reactionary depression and anxiety, medication-induced erectile dysfunction, right knee bucket-handle tear, medication-induced gastritis and constipation, status post L3-4, L4-5, L5-S1 AP fusion on 10/14/2009, status post removal of hardware on 01/04/2012, bilateral knee internal derangement with right medial meniscus tear, successful SCS trial on 07/26/2012 and status post right ankle fusion on 09/11/2012 and post laminectomy syndrome. The treatment request was for a 7 day inpatient detoxification.

IMR ISSUES, DECISIONS AND RATIONALES

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

SEVEN (7) DAY INPATIENT DETOXIFICATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS Chronic Pain Guidelines recommend detoxification due to intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory to comorbid psychiatric illness, or the lack of functional improvement. A gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The clinical documentation submitted for review indicated the injured worker had a necessity for increasing medication regimens and was in need of a 7 day inpatient detoxification. As such, the request was made for an inpatient detoxification program. The Official Disability Guidelines indicate that drug detox inpatient stay is appropriate for 4 days for best practice target. The clinical documentation submitted for review indicated the request for the inpatient detoxification was for 7 days. There was a lack of documentation indicating the injured worker had trialed lower levels of care to detox. There was a lack of a documented rationale for the need of a 7 day program. The request as submitted was excessive. Given the above, the request for 7-day inpatient detoxification program is not medically necessary and appropriate.