

Case Number:	CM13-0049297		
Date Assigned:	12/27/2013	Date of Injury:	05/06/2002
Decision Date:	03/31/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

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 Internal Medicine & 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 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:

This patient is a 58 year-old with a date of injury of 05/06/02. The mechanism of injury was an unspecified injury to the feet. A progress report included by [REDACTED], dated 10/17/13, identified subjective complaints of bilateral foot pain. Objective findings included tenderness to palpation of the foot with exquisite sensitivity to light touch. X-rays of the feet showed bone spurs. Diagnoses indicate that the patient has "Lateral foot injuries with neuropathic pain". Current treatment includes oxycodone at 30 mg, 6-9 per day. He developed withdrawal symptoms when he was unable to fill his prescription for oxycodone. Treatment now recommended is outpatient detoxification. A Utilization Review determination was rendered on 10/30/13 recommending non-certification of "Outpatient Detoxification".

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Detoxification: Overturned

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; Opioids Page(s): 42-79.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) notes that detoxification is recommended and may be necessary due to (1) Intolerable side effects; (2) Lack of response; (3) Aberrant drug behaviors as related to abuse and dependence; (4) Refractory comorbid psychiatric illness; or (5) Lack of functional improvement. The 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, the claimant and his physician are attempting detoxification due to the further lack of response and functional improvement on opioid therapy. Therefore, medical necessity is documented for outpatient detoxification.