

<b>Case Number:</b>	CM13-0050533		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/28/1996
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Physical Medicine and 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 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 44-year-old female with date of injury from 12/28/1996. Per treating physician's report 10/14/2013, the listed diagnoses are: 1. Post-laminectomy lumbar syndrome. 2. Depression. 3. Opioid dependence. The presenting symptoms are neck, thoracic, lumbar, pelvic regional pain, along with anxiety and depression. The patient is currently on OxyContin 10 mg 3 times a day, having discontinued all short-acting pain medications she was previously on, OxyContin 20 mg 3 times a day and MSIR 15 mg a day for breakthrough pain. Her current pain level is a 3/10 to 9/10, but does not feel that it is significantly worse today than last week when she was taking more medications. She would like to proceed with Suboxone opiate detox program. She has been diagnosed with fibromyalgia and is currently on Neurontin twice a day and Wellbutrin as well. The request was for 2-week opiate detox program due to history of prolonged opiate dependence and multiple medical comorbidities, with [REDACTED]. A report by [REDACTED] dated 11/04/2013 is outpatient detox program authorization request. The request was for 10 days full-time participation in [REDACTED] outpatient detox program at a cost of some \$2000 per day for a total of \$10,000 per week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Full-Time Days for two weeks of Outpatient Detox for the Lumbar Spine and Psych:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 42.

**Decision rationale:** This patient presents with chronic low back pain with psychological issues including opioid dependency and depression. The patient has a diagnosis of post-laminectomy syndrome. Per treating physician report 10/14/2013, the request is for detox program over 2 weeks at [REDACTED] Detox Program. This request was denied by utilization review letter 11/07/2013, stating that the patient has been gradually weaning down on the opioid medications without adverse or intolerable side effects. Review of the reports, in particular 10/14/2013 by [REDACTED], indicates that the patient is progressing well with gradual weaning of medication. The patient is down to OxyContin 10 mg 3 times a day without much adverse side effects other than some increase in pain. The patient has been able to stop the MSIR. MTUS Guidelines pages 42 and 102, 103 discusses detox program. It does not recommend rapid detoxification. It also lists reasons for detox including intolerable side effects, lack of response, aberrant drug behavior, refractory comorbid psychiatric illness or lack of functional improvement. Whatever the reason may be, this patient is already going through detox program. For detoxification, MTUS Guidelines recommends slow detoxification. It states, "Detoxification is defined as a medical intervention that manages the patient through withdrawal symptoms." It describes the process of detoxification to include evaluation, stabilization, and preparation of the patient for further treatment that should be specifically tailored to each patient's diagnostic needs. MTUS Guidelines do not discuss inpatient or daily functional restoration type of programs for detoxification. It recommends evaluation and assessment that tailor to patient's needs. In this case, the patient is slowly weaning off the medications without much side effects. The treating physician does not explain why this patient requires full 10-day detox program at a functional restoration program facility. When the patient is progressing well, currently down to OxyContin 10 mg 3 times a day which is a fairly low dose, it does not appear reasonable to have the patient go through a full-blown outpatient detox program for 10 days. The treating physician should be able to continue the weaning process down from 10 mg 3 times a day to 2 times a day and then 1 time a day. Recommendation is for denial.