

Case Number:	CM13-0054595		
Date Assigned:	12/30/2013	Date of Injury:	10/07/2005
Decision Date:	03/18/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/19/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 7, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; lumbar fusion surgery; spinal cord stimulator trial; subsequent removal of the spinal cord stimulator trial; and extensive periods of time off of work. In a Utilization Review Report of October 18, 2013, the claims administrator denied functional restoration program and an inpatient detox. The functional restoration program was denied on the grounds that the applicant needed detoxification first. Detoxification was denied on the grounds that the applicant could purportedly be detoxified on an outpatient basis. In a November 8, 2013 progress report, the applicant reports 7/10 pain. The applicant is moving about with a walker. She is reportedly cooperative. Diagnoses include depression and opioid dependence. The applicant is given refills of Exalgo, Dilaudid, Cymbalta, Topamax, Lunesta, Amrix, and Xanax. In an earlier note of October 18, 2013, the attending provider stated that outpatient detoxification would unlikely be successful owing to the applicant's combination of depression and opioid dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient detox: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

Decision rationale: As noted on Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, inpatient detoxification programs may be appropriate for applicants who are on large numbers of medications that require weaning or detoxification who have complex medical and psychological issues that would benefit from more intense observation and/or consultation during the rehabilitation process. Page 42 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that detoxification may be necessary when applicants have issues such as intolerable side effects, lack of response, aberrant drug behaviors, lack of functional improvement, or refractory comorbid psychiatric illness. In this case, the applicant has failed to benefit from usage of the medications in question. The applicant does have psychiatric comorbidities. An inpatient detoxification program may be beneficial, for all of the stated reasons. Accordingly, the original utilization review decision is overturned. The request is certified.

Functional Restoration Program (FRP) for the low back:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

Decision rationale: As noted on Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for pursuit of functional restoration program include, evidence that an applicant has completed precursor evaluation and is willing to forego secondary gains to effect a positive change. In this case, however, the applicant has not had a precursor evaluation. It is not clearly stated that the applicant is willing to forego secondary gain. The MTUS further notes that previous means of treating chronic pain should have been unsuccessful and that there is an absence of other options likely to result in significant clinical improvement before a functional restoration program is sought. In this case, however, a detoxification program has been certified, above. It will be more appropriate to gauge the applicant's response to the same before the functional restoration program is sought. Therefore, the original utilization review decision is upheld. The request remains non-certified, on Independent Medical Review.