

Case Number:	CM13-0063878		
Date Assigned:	12/30/2013	Date of Injury:	11/03/2006
Decision Date:	04/14/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic low back pain, myalgias, myositis, opioid dependence, shoulder pain, chronic pain syndrome, and dyspepsia reportedly associated with an industrial injury of November 3, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; multiple epidural steroid injections; and extensive periods of time off of work. In a Utilization Review Report of December 4, 2013, the claims administrator apparently denied a request for a 30-day inpatient detoxification program. The applicant's attorney subsequently appealed. An earlier progress note of October 29, 2013 is notable for comments that the applicant is having ongoing 7/10 pain with medications and 10/10 pain without medications. Clonidine, Nexium, Protonix, Allegra, lidocaine, Opana extended release, oxycodone, and Neurontin were apparently endorsed. The applicant was described as awaiting detoxification. Final Determination Letter for IMR Case Number [REDACTED] On October 11, 2013, the applicant was again described as having persistent low back, shoulder, wrist, and groin pain. A 30-day detoxification program and work restrictions were endorsed, although it does not appear that the applicant is working said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Days Participation Inpatient Detoxification Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Online Edition, Chapter- Pain. Detoxification.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inpatient Pain Rehabilitation Program topic, Weaning of Medications topic. Page(s): 24, 32.

Decision rationale: As noted on page 124 of the MTUS Chronic Pain Medical Treatment Guidelines, high-dose abusers or applicants with polydrug substance abuse issues may benefit from inpatient detoxification. In this case, however, it is not clearly stated why the applicant can only be detoxified on an inpatient basis. Furthermore, even if one word to accept the proposition that the applicant was in fact receiving large amounts of medications necessitating medication weaning or inpatient detoxification, as suggested on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, it is not clearly evident why the applicant would need a lengthy, 30-day inpatient stay in a rehab facility so as to facilitate his weaning off of the drugs in question. It is not clearly stated that the applicant had or have not previously tried and failed other types of detoxifiers, including conventional outpatient office visits. The attending provider has not proffered any applicant specific rationale or commentary for such a lengthy detoxification program. Therefore, the request is not certified, on Independent Medical Review.