

<b>Case Number:</b>	CM13-0064624		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/16/2009
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 and Rehabilitation and is licensed to practice in Texas. 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 patient is a 38 year old male who was injured on 02/16/2009 when he was on a 10 ft ladder using 2 pipe wrenches to loosen a pipe joint. He presses the wrenches together towards his chest and felt a pop in his neck and felt a shooting pain down his back and right arm. Prior medication history included hydrocodone, Abilify, Gabapentin, Lunesta, and medical marijuana. The patient underwent a functional restoration program. Toxicology report dated 07/31/2013 detected Gabapentin, benzodiazepines; opiates (hydrocodone/hydromorphone).HELP note dated 08/23/2013 states the patient was diagnosed with chronic neck pain secondary to degenerative spondylosis of the cervical spine with radicular component into the right upper extremity all the way into the hand, fourth and fifth digits; nerves affected C7-8; chronic bilateral shoulder pain secondary to degenerative osteoarthritis shoulder joints; chronic low back pain secondary to degenerative spondylosis of the lumbar spine; chronic pain disorder associated with both psychological factors and the general medical condition. Addiction medication evaluation dated 10/11/2013 states the patient's included Hydrocodone 10/325 mg, Gabapentin 800 mg, Naproxen 500 mg, Tizanidine 4 mg; Diazepam 10 mg; and Lunesta 3 mg. The patient was taking medicinal marijuana and because of the affects of this drug, the patient requested to be weaned off medications. The plan is to detoxify the patient from hydrocodone/APAP and induce him on Suboxone and weaned over time. The patient was recommended for a detoxification program. He was discharged on Nortriptyline 75 mg q. h.s. and Abilify 2 mg.Prior utilization review dated 08/16/2013 states the request for 10 Days of Outpatient Drug Detoxification is denied as medical necessity has not been established; Psychiatric Treatment is denied as it is not recommended; Addiction Evaluation is recommended for partial certification for 1 evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(10) Days of outpatient drug detoxification: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that detoxification is Recommended as indicated below. Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. May be necessary due to the following: (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. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. ODG notes that detoxification is most commonly recommended when there is evidence of substance misuse or abuse, evidence that medication is not efficacious, or evidence of excessive complications related to use. See Substance abuse (substance related disorders, tolerance, dependence, addiction) for definitions. Detoxification is defined as a medical intervention that manages a patient through withdrawal syndromes. While the main indication as related to substance-related disorders is evidence of aberrant drug behaviors, other indications for detoxification have been suggested. These include the following: (1) Intolerable side effects; (2) Lack of response to current pain medication treatment (particularly when there is evidence of increasingly escalating doses of substances known for dependence); (3) Evidence of hyperalgesia; (4) Lack of functional; and/or (5) Refractory comorbid psychiatric illness. It can therefore be seen that a recommendation for detoxification does not necessarily imply a diagnosis of addiction, or of substance-related disorder. There are no specific guidelines that have been developed for detoxification for patients with chronic pain. This intervention does not constitute complete substance abuse treatment. The process of detoxification includes evaluation, stabilization, and preparation of the patient for further treatment that should be specifically tailored to each patient's diagnostic needs. Complete withdrawal of all medications is not always recommended, although evidence of abuse and/or dependence strengthens the rationale for such. Medical records reflect the claimant uses no more than 6 tabs of Hydrocodone a day and had numerous attempts to decrease Hydrocodone without success. The claimant had not been able to decrease his medications during the first three week in HELP functional restoration program. The claimant was pending evaluation with an addiction specialist. Therefore, based on the record provided, the request for 10 days of outpatient drug detoxification is not established as medically necessary.

**Psychiatric treatment: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG reflect that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. This is a nonspecific request, number of visits, description of treatment is not provided. An additionally, there is an absence in documentation noting the results from his psychiatric evaluation. Therefore, this request is not medically necessary.

**Addiction Evaluation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Addiction Evaluation Page Page(s): 96.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that further evaluation by a specialist with additional expertise in psychiatry, pain medicine, or addiction medicine should be considered when there is evidence of no improvement of pain with increasing doses of opioids. This claimant is using Hydrocodone x 6 tabs a day and has been unable to wean down/off. It is also noted that there is a history of use of marijuana and illicit substances. Therefore, the request for an addiction evaluation is reasonable and medically necessary.