MAXIMUS Federal Services

Case Number:	CM13-0065762		
Date Assigned:	01/03/2014	Date of Injury:	09/22/2009
Decision Date:	06/06/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/13/2013

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, has a subspecialty in Preventive 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 hip and low back pain reportedly associated with an industrial injury of September 20, 2009. Thus far, the applicant has been treated with the following analgesic medications, attorney representation, opioid therapy and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated December 6, 2013, the claims administrator approved a request for Buprenorphine, approved a request for Omeprazole, and conditionally denied an inpatient drug detoxification program. The drug detoxification program was apparently denied on the grounds that the attending provider does not clearly state what the nature of the program was and/or what sort of approaches would be employed in said program. The applicant's attorney subsequently appealed. In a December 10, 2013 pain management consultant report, the applicant was described as very motivated to follow a plan to get off of opioid medications. The attending provider suggested that the applicant would likely need medically assisted detoxification and stated that a community recovery resource treatment center would be the best resource for the applicant. The applicant was given educational materials and reading materials and asked to meditate at home. Authorization was sought for the detoxification program. The applicant was asked to consider non-opioid agents, such as Cymbalta. A November 19, 2013 progress note was also notable for comments that the applicant again reported chronic pain issues. It was stated that the applicant was opioid-dependent and would likely go out of control with pure opioid agonists. It was stated that the applicant was reportedly stable on Buprenorphine. The applicant stated that she was unable to taper off of Buprenorphine at this point in time. The applicant stated that her goal was to get off of the medications in question via an inpatient detoxification program. Buprenorphine 8 mg #120, to be used four times daily was endorsed. Prilosec was apparently endorsed for opioid-induced dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 INPATIENT DRUG DETOX PROGRAM: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 393,Chronic Pain Treatment Guidelines Detoxification, Weaning of Medications Page(s): 42, 124.

Decision rationale: As noted on page 124 of the California MTUS Chronic Pain Medical Treatment Guidelines, high dose users of opioids and/or those with polydrug abuse may need inpatient detoxification. It is further noted that an applicant's stated desire for detoxification, per page 393 of the MTUS-adopted ACOEM Guidelines in Chapter 15, Table 15-2, states that an applicant's desire for detoxification represents a red flag for a potentially serious psychiatric condition. Page 42 of the California MTUS Chronic Pain Medical Treatment Guidelines further states that detoxification may be necessary in applicants who have failed to respond to opioids, have refractory comorbid psychiatric illness, and/or lack of functional improvement with earlier opioid therapy. In this case, the applicant seemingly meets these criteria. The applicant has failed to respond favorably to earlier opioids, desires to detoxify off of opioids, and has comorbid mental health issues. An inpatient detoxification program is indicated, for all of the stated reasons, including the applicant's stated desire for detoxification, psychiatric comorbidities, and failure to wean off of opioids through lesser levels of care, including BuTrans and outpatient detoxification efforts. Therefore, the request is medically necessary.