

Case Number:	CM13-0066854		
Date Assigned:	01/03/2014	Date of Injury:	01/10/1997
Decision Date:	05/19/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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 Pain Medicine, 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 injured worker is a 55-year-old male who reported an injury on 1/10/97. The mechanism of injury was not provided in the medical documentation. The WC Form for the request for authorization for treatment was not included in the medical documentation. The current medications were not provided for review with the documentation provided. The progress report dated 2/18/13 documented that the injured worker has done a great job on his own of reducing his medication; however, he continues to take several medications, which have significant side effects. The injured worker's current complaints were continued left testicle pain that increased with activity following standing, sitting, bending, lifting, or climbing. Complaints of low back pain are reported as constant, sharp, and stabbing that radiate to the lower extremities which have not been reduced with epidural injections, cervical spine pain, continued hearing loss due to prolonged medication use, depression, anxiety, and stress. The injured worker complained of sleep deprivation, bilateral carpal tunnel with numbness and tingling of the hands, chest pain, stomach, and abdominal problems. The injured worker was noted to have a guarded antalgic gait. The injured worker walks with a cane. Deep tendon reflexes are noted to be +1 bilaterally for the patella and Achilles. An MRI dated 1/8/14 indicated impression of extensive soft tissue edema laterally to the knee joint, likely posttraumatic edema and resolving hematoma. Iliotibial band syndrome is felt to be much less likely. Incidental findings included bipartite patella, moderate degree of tendinosis versus much less likely partial thickness tear of the patellar tendon involving the proximal 2/3. No marrow signal abnormalities were noted. The clinical information did not provide a rationale for the requested detox program.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-DAY INPATIENT STAY AT A RAPID MEDICATION DETOX PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102-103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102-103.

Decision rationale: The California MTUS guidelines state that rapid detox is not recommended for injured workers. Gradual weaning is recommended for long-term opiate users because opiates cannot be abruptly discontinued without the probable risk of withdrawal symptoms. The data supporting the safety and effectiveness of opiate antagonist agent detoxification under sedation or general anesthesia is limited, and adequate safety has not been established. The documentation provided for review dated 12/18/13 noted that the injured worker had done a great job on his own reducing his pain medication, even though he was continuing to take several medications, which had significant side effects. There were no current medications listed for review to give an objective reason for the rapid detox program requested. Due to the California MTUS guidelines stating that rapid detox is not recommended and that the treatment should not be pursued, the request for the 30 day inpatient stay at the rapid medication detox program is not medically necessary.