

<b>Case Number:</b>	CM14-0001247		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 low back pain reportedly associated with an industrial injury of October 13, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and muscle relaxants. In a utilization review report dated December 30, 2013, the claims administrator denied a request for an outpatient [REDACTED] detoxification program, stating that the attending provider had not furnished any documentation to support usage of the same. An emergency department note of June 6, 2013, was notable for comments that the applicant was crying, agitated, and disruptive. The applicant was apparently diagnosed with an acute exacerbation of psychosis and given IV Haldol. The applicant was apparently disruptive and had to be restrained, it was suggested. Ultimately, the applicant's manic affect calmed with a shot of IV Haldol. The applicant was apparently discharged on Zipsor. The applicant reportedly denied any prior hospitalization for psychotic episodes. The applicant did have a medical history notable for chronic back pain and anxiety, it was suggested. Urine drug testing was apparently negative, it was suggested. It was stated that the applicant had seen another physician in the community who had apparently discharged the applicant from the practice owing to issues with disruptive behavior. The applicant was given a prescription for Risperdal and apparently asked to find a physician to follow up with on an outpatient basis. The remainder of the file was surveyed. There was no clear discussion of what medication or medications the applicant was using. It did not appear that medication usage had precipitated the applicant's acute psychotic episode/acute psychotic break.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE [REDACTED] DETOXIFICATION OUT PATIENT PROGRAM: Upheld**

**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 Weaning of Medications Topic. Page(s): 124.

**Decision rationale:** While page 124 of the MTUS Chronic Pain Medical Treatment Guidelines does state that high dose abusers of benzodiazepines or those with poly-drug abuse may need a detoxification program, in this case, however, it was not clearly stated what the source of the applicant's psychotic episode was. It was not clearly stated or established that the applicant's psychotic episode had been precipitated by medications. There was no evidence that the applicant was receiving large amounts of medications which would necessitate a formal detoxification program. Again, the applicant's medication list was never attached to the request for authorization, emergency department note, or application for independent medical review. Therefore, the request is not medically necessary owing to lack of supporting information.