MAXIMUS Federal Services

Case Number:	CM14-0001294		
Date Assigned:	01/22/2014	Date of Injury:	10/15/2011
Decision Date:	06/12/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation 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 injured worker is a 37-year-old male with a reported date of injury on 10/15/2011. The mechanism of injury was not provided. The clinical note dated 11/22/203 noted that the injured worker had stopped taking his prescribed Dilaudid on 11/14/2013, due to the pain being properly relieved with just Ibuprofen and two (2) days later he started to experience withdrawal symptoms that included drug cravings. It was noted that the injured worker expressed the desire to stay off opioid medications and return to work, but feared his drug craving feelings. The request for authorization for drug addiction counseling and support was submitted on 12/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

DRUG ADDICTION COUNSELING AND SUPPORT QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

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

Decision rationale: It was noted that the injured worker had abruptly stopped taking Dilaudid and then began experiencing withdrawal symptoms. The Chronic Pain Guidelines do not recommend rapid detox. Gradual weaning is recommended for long-term opioid users because

opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. As the injured worker abruptly stopped the medication without the doctor's guidance, it is recommended that the injured worker conduct a proper weaning schedule before seeking counseling. As such, this request is non-certified.