

<b>Case Number:</b>	CM14-0003541		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	12/23/1998
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports 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 Physician 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 45 year old female who reported an injury on 12/23/1998. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 01/20/2014 reported the injured worker complained of pain throughout her body. The injured worker characterized her pain as sharp, dull, throbbing, burning, aching, electricity and pins and needles. The injured worker also reported she was bedbound without medication and able to perform activities of daily living with medication. The injured worker reported her pain was increased by sitting, walking, standing, and lying down, cleaning. The injured worker was prescribed Cymbalta, Norco, exalgo ER, Xanax, nexium, lactulose solution. The physical exam noted gait steady, no bony or joint abnormalities, no edema, moderate distress noted. The injured worker had diagnoses of failed back surgery syndrome cervical, failed back surgery syndrome lumbar, chronic lumbar radiculopathy, degenerative disc disease of the cervical and lumbar spine, and chronic pain syndrome including anxiety and depression. The provider recommended to increase the Norco to 10/325 and refill all other medications. The provider requested long term option of inpatient detox (# of days not specified). The request for authorization was not provided in the clinical documentation submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INPATIENT DETOX (# DAYS NOT SPECIFIED): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DETOXIFICATION, 42

**Decision rationale:** The request for inpatient detox (# of days not specified) is non-certified. The injured worker complained of pain throughout the body. The injured worker characterized pain as sharp, dull, throbbing, burning, aching, electricity and pins and needles. The injured worker also reported being bedbound without medication and able to perform activities of daily living with medication. The injured worker reported the pain is increased by sitting, walking, standing, and lying down, cleaning. The injured worker was prescribed Cymbalta, Norco, exalgo ER, Xanax, nexium, lactulose solution. The California MTUS Guidelines note detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. The guidelines note detox may be necessary due to the following: intolerable side effects, lack of response, aberrant drug behaviors related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. There is a lack of documentation indicating the injured worker has severe side effects in spite of chronic opioid therapy. There is a lack of objective findings indicating the injured worker has major psychiatric issues. It did not appear the injured worker had a lack of response to medications or any aberrant drug behaviors as related to abuse and dependence. There was a lack of documentation indicating the injured worker did not have adequate functional gains. It was unclear why the injured worker would require an inpatient program as opposed to an outpatient approach. Therefore, the request for inpatient detox (# of days not specified) is non-certified.