

<b>Case Number:</b>	CM14-0005521		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	08/24/2005
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 patient is a 57-year-old female who has submitted a claim for Post-laminectomy Syndrome and Degenerative Disc Myelopathy associated with an industrial injury date of August 24, 2005. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of moderate pain and decreased strength of the left calf/foot. A recent physical examination was not included in the records for review. A medical note dated January 15, 2013 revealed physical examination findings of slightly decreased muscle mass in the right leg compared to the left and positive straight leg raise test on the right. There was also diffuse tenderness in the lumbar region and sciatic notch tenderness on the right. Gait favored the right lower extremity. Piriformis tenderness was also found on the right. Sensation was diminished over the right L5 distribution. Weakness of the right extensor hallucis longus was also reported. Treatment to date has included physical therapy, chiropractic care, acupuncture, epidural steroid injections, L5-S1 discectomy, and medications including opioids (since January 2013). Utilization review from January 9, 2014 denied the request for inpatient 30-day Detox Program because there was no documentation provided as to why the patient would require the requested service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INPATIENT DETOX, 30 DAY PROGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Detoxification Page(s): 42.

**Decision rationale:** According to page 42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, detoxification is defined as withdrawing a person from a specific psychoactive substance. This may be necessary due to the following: (1) intolerable side effects; (2) lack of response; (3) aberrant drug behaviors as related to abuse and dependence; (4) refractory comorbid psychiatric illness; (5) or a lack of functional improvement. In this case, the patient has been on opioids since January 2013 (18 months to date). However, given the 2005 date of injury, the exact duration of opioid use is not clear. The medical records failed to provide a rationale for participation in a detoxification program. There was no record of intolerable side effects, a lack of response, aberrant behaviors, or a lack of functional improvement with opioid use. Furthermore, there was no documentation of a comorbid psychiatric illness. In addition, the latest medical note failed to provide an adequate evaluation; thus, the current functional status of the patient is unknown. There is no clear indication for detoxification. Therefore, the request for Inpatient Detox, 30 Day Program is not medically necessary.