MAXIMUS Federal Services

Case Number:	CM14-0006045		
Date Assigned:	03/03/2014	Date of Injury:	03/30/2008
Decision Date:	07/21/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 32-year-old female with a 3/30/08 date of injury. The patient is status post right shoulder arthroscopy (12/23/09).The most recent progress note was dated 12/9/13 and described 9/10 neck pain that increased following surgery in 2013 for endometriosis. Norco intake was increased from 6 to 8 tablets a day for pain. Medial opiate detoxification was requested. She does not desire to undergo a traditional chemical dependency drug program, due to iatrogenic problem. Clinically, the patient had tenderness in the neck, numerous trigger pints, and reduced range of motion. The patient continues to have ongoing and debilitation pain in the neck with radicular symptoms to both upper extremities, requiring increased NORCO and experiencing significant withdrawal symptoms. Rapid Detox was requested. Medical records reviewed dated 12/9/13; AME from 5/27/11, 1/19/10 and 12/3/09 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RAPID DETOX (7 DAY ANESTHESIA ASSISTED MEDICAL OPIATE DETOXIFICATION PROGRAM, KNOWN AS ' RAPID DETOX': Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines (pp 42), Detoxification.

Decision rationale: Medical necessity for the requested rapid detoxification is not establsiehd. This reqeust obtained an adverse detemination due to lack of guideline support, however within the context of this appeal, no additional medical records were provided. CA MTUS states that gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and ODG does not recommend rapid detox. There was no discussion of failed attempts at weaning/tapering, and little to indicate why the patient requires rapid detoxification, as opposed to gradual weaning/tapering as supported by guidelines. Recommend non-certification.