

Case Number:	CM14-0006519		
Date Assigned:	02/12/2014	Date of Injury:	06/24/2011
Decision Date:	07/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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:

This is a 54-year-old with a June 24, 2011 date of injury. The patient injured his left arm due to a lifting and twisting injury. On September 27, 2013, the patient reported he was able to climb over 8 feet and would like to be advanced to regular duty. On November 1, 2013, it was noted that the patient has been under medical care for medication and pain management since November of 2012. He was in a multidisciplinary program on April 19, 2013 for detoxification, stabilization and functional restoration. He progressed and was transitioned to an outpatient treatment program. It was noted that he did relapse on opiates when he re-injured himself in October of 2013. He is documented to have ongoing difficulties with opioid dependency and exhibited drug-seeking behavior. Diagnostic impression is Chronic Pain, Opiate Dependency, and Substance Abuse Disorder. Treatment to date: medication management; multidisciplinary program for detoxification, stabilization and functional restoration. A UR decision dated December 19, 2013 denied a request for [REDACTED] Program Additional Inpatient days x 15; [REDACTED] Outpatient Program x30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **PROGRAM ADDITIONAL FIFTEEN INPATIENT DAYS:** 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 Page(s): 31 - 32; 42.

Decision rationale: The Chronic Pain Medical Treatment Guidelines criteria for detoxification include intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement; gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The Chronic Pain Medical Treatment Guidelines support continued FRP participation with demonstrated efficacy as documented by subjective and objective gains. Additionally, the Chronic Pain Medical Treatment Guidelines states that total treatment duration should generally not exceed twenty sessions without a clear rationale for the specified extension and reasonable goals to be achieved. Guidelines state that several variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs such as a poor work adjustment and satisfaction, a negative outlook about the future of his employment, high levels of psychosocial distress, prevalence of opioid use and pretreatment levels of pain. Also, the Chronic Pain Medical Treatment Guidelines states that inpatient treatment may be appropriate for patients who: don't have the minimal functional capacity to participate effectively in an outpatient program; have medical conditions that require more intensive oversight; are receiving large amounts of medications necessitating medication weaning or detoxification; or have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process. The patient has been noted to display all of these negative predictors, in particular his opioid abuse. This patient has been documented to have 74 days of inpatient detoxification in January of 2014, and this request is for the initial fifteen days of his stay. It is unclear why the patient is in a multidisciplinary program as opposed to an inpatient detoxification program when his clear problem is opiate dependence associated with several relapses. Therefore, the request for [REDACTED] [REDACTED] program additional fifteen inpatient days is not medically necessary or appropriate.