

Case Number:	CM14-0009288		
Date Assigned:	02/12/2014	Date of Injury:	12/11/2007
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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 54 year old male with an injury reported on 12/11/2007. The mechanism of injury was a slip and fall. The clinical note dated 01/03/2014 provided a summary report of the injured worker's past medical visits. It was reported that the injured worker complained of back and knee pain. MRI of the lumbar spine reported findings of status-post posterior hardware fixation and interbody fusion from L3 through L5; laminectomies from L3 through L5; mild disc osteophyte complex at L5-S1. The clinical note dated 01/09/2014 reported that back surgery was recommended and had been delayed due to substance habituation, as well as allegations about the prescription of controlled substances. The injured worker's diagnoses included herniated nucleus pulposus, lumbar spine; posterior lumbar fusion L3-L4 and L4-L5 and L5-S1. The request for authorization was submitted on 01/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT DETOX PROGRAM 30 TO 90 DAYS (PRIOR TO LUMBAR SURGERY):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Guidelines, Pain, Detoxification.

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

Decision rationale: The request for inpatient detox program 30 to 90 days (prior to lumbar surgery) is non-certified. It was reported that the injured worker complained of back and knee pain. It was also noted that back surgery was recommended and had been delayed due to substance habituation, as well as allegations about the prescription of controlled substances. According to the California MTUS guidelines detoxification is recommended for withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. It may be necessary due to 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. It is unclear if there is a verified issue with substance abuse or misuse. There is a lack of documentation of current prescribed medications and a lack of information of discussion that would suggest issues with an illegal substance. There is a lack of clinical information provided to indicate if the injured worker had been started on a weaning program of the medications prior to the request for an inpatient detoxification program. Therefore, the request is not medically necessary and appropriate.