

Case Number:	CM14-0109278		
Date Assigned:	08/01/2014	Date of Injury:	06/07/1995
Decision Date:	09/22/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/14/2014

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 Family Practice 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 47 year old male claimant sustained a work injury on 6/7/95 involving the low back. He was diagnosed with lumbar radiculopathy and lumbar facet arthropathy. He had an additional diagnosis of major depression and generalized anxiety. He had undergone a lumbar laminectomy and developed post-laminectomy syndrome. He had been on opiates for pain control. As of April 2014, the claimant had been taking Xanax as well as Wellbutrin. The Xanax was to be weaned 1 mg /day monthly. He had been on 5 tablets of 1 mg /day due to stressors and was unable to taper the medication. He was recommended to take Xanax XR 1mg BID. It was subsequently suggested the claimant go to inpatient drug rehabilitation for weaning Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Drug Rehab to Reduce Xanax: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inpatient rehabilitation Page(s): 42. Decision based on Non-MTUS Citation http://www.anthem.com/ca/provider/f1/s0/t0/pw_a115176.pdf - Inpatient Acute Detoxification.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multi-Disciplinary Pain Programs, Detoxification Page(s): 32, 42, 102.

Decision rationale: According to the MTUS guidelines, inpatient rehabilitation programs 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. Detoxification is defined as 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 the following intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. In addition, rapid detoxification as in an inpatient setting is not supported due to uncertain risks. In this case, the claimant only had side effects if he did not take his Xanax but no complexities in weaning but rather the claimant was not successful in weaning. There is no indication that this cannot be done in an outpatient detoxification setting for managing a low dose Benzodiazepine (Xanax). Therefore, this request is not medically necessary.