

Case Number:	CM14-0109656		
Date Assigned:	08/01/2014	Date of Injury:	01/26/2009
Decision Date:	10/31/2014	UR Denial Date:	06/17/2014
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 Internal Medicine and is licensed to practice in New York. 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 52 year old male with a date of injury of 01/26/2009. He was carrying a heavy gun belt as a security officer. His medication included Norco, MS Contin, Lyrica, Etodolac, Zolofit and Protonix. Gait was normal. There were no focal neurologic or vascular deficits. On 12/30/2013 the patient had low back pain and left lower extremity pain for several years. On 01/07/2014, on 02/21/2014 and on 03/11/2014 he was taking the same medications. On 04/22/2014 he had low back pain and left lower extremity pain. His medications included Norco, Zolofit, Lyrica, MS Contin, Protonix, Relafen and Ambien. A functional restoration program was discussed and it was noted that prior to such a program he would require detox. On 05/20/2014 he had left lower extremity pain. His medication included Norco, MS Contin, Relafen, Lyrica, Protonix, Ambien and Zolofit. He was alert and oriented. He appeared to be neurologically intact. Gait was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Day in Office Detox/Medications: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Proton pump inhibitors (PPIs)

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

Decision rationale: Detoxification"Recommended as indicated below. Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. 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, or (5) 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. (Benzon, 2005)." In this case detoxification is being recommended as a pre-requisite for applying for a functional restoration program. That is not consistent with the MTUS guidelines. Also, a 5 days outpatient program for detox is not an example of gradual weaning for a patient treated with opiates long term.