

<b>Case Number:</b>	CM14-0010085		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	05/15/2000
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Texas. 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 61-year-old female who reported an injury on 5/15/00. The mechanism of injury was not provided for review. Prior treatments include medications, physical therapy, and surgical intervention. Additionally, the injured worker was treated with chiropractic care and acupuncture. The most recent documentation provided for review is dated 11/5/13, which revealed that the injured worker's medications included morphine sulfate 60 mg 240 mg twice a day. The treatment plan included Opana ER 40 mg 3 times a day #90 and Subsys 1200 mg 4 times a day #120, as well as Flexeril 7.5 mg twice a day for spasms in the neck and a trial of Ketoprofen cream 20% to decrease neck spasms and inflammation. Diagnoses included cervical disc disease. The injured worker provided documentation in the form of a letter on 1/31/14 in which the injured worker was requesting an inpatient detoxification. The injured worker indicated she had intolerable side effects and a lack of response to pain, and wanted inpatient detoxification. The injured worker indicated she had tried detoxification on her own and had failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADMISSION TO A DETOX FACILITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DETOXIFICATION Page(s): 42. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, HOSPITAL LENGTH OF STAY (LOS), DRUG DETOX.

**Decision rationale:** The California MTUS Guidelines recommend detoxification for intolerable side effects, or a lack of response, or aberrant drug behaviors as related to abusive dependency, or refractory comorbid psychiatric illness, or the lack of functional improvement. However, they do not specifically address inpatient detox. As such, secondary guidelines were sought. The mean length of stay for inpatient drug detoxification is four days. The clinical documentation submitted for review failed to provide physician documentation to meet the qualifications for detoxification. There was no DWC Form RFA or PR-2 submitted for the requested detoxification. The injured worker indicated she met the criteria. However, given the lack of documentation from the physician, this request would not be supported. The request as submitted failed to indicate the duration of stay being requested. Given the above, the request for admission to a detox facility is not medically necessary.