

Case Number:	CM14-0010384		
Date Assigned:	02/21/2014	Date of Injury:	01/21/1997
Decision Date:	07/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 51-year-old male with a 1/21/97 date of injury. The mechanism of injury was not noted. In the most recent progress report reviewed dated 2/4/14, the patient stated that he is stable with medications but continues to have pain especially tapering Soma. With Lortab and Soma, he was able to perform activities of daily living but with decreased Soma, he is having a hard time getting out of his recliner all day. He had an H-wave trial session in office and was able to get lots of pain relief (>80%) after the session. He would like to use that in order to reduce his medication intake. He was started on Ketoprofen cream trial and he gets pain relief when he has flare-ups. Physical exam findings showed bilateral tenderness and spasms of the paraspinal muscles, decreased range of motion of lumbar spine, pain with palpation of the bilateral S1 joint. Diagnostic impression was lumbar radiculopathy, spasm of muscle, long-term (current) use of medications. Treatment to date included medication management, activity modification, acupuncture, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DETOX PROGRAM ADMISSION (IN-HOUSE) X 1 MONTH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

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

Decision rationale: CA MTUS 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. In the charts reviewed, there is no documentation as to why the patient cannot effectively participate in an outpatient program. In addition, the patient is not noted to have any complex medical or psychological diagnosis that would benefit from more intensive observation during the rehabilitation process. Furthermore, it is documented that the patient has had a trial with an H-wave unit that has helped reduce his pain and decreased the need for medications. Acupuncture has also been helpful with reducing his pain symptoms. Therefore, the request for detox program admission was not medically necessary.