

Case Number:	CM14-0011413		
Date Assigned:	02/21/2014	Date of Injury:	07/19/1999
Decision Date:	07/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/28/2014

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:

Patient is a 50-year-old male who has submitted a claim for lumbar radiculopathy, failed back surgery, and ventral hernia associated with an industrial injury date of 07/19/1999. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to bilateral lower extremities, graded 7/10 in severity. Pain was described as sharp, dull, aching, shooting, burning, with numbness, weakness, and spasm. Aggravating factors included prolonged sitting, standing, and walking. Alleviating factors included heat application, lying down, and intake of medication. Physical examination of the lumbar spine showed tenderness, muscle spasm, and restricted range of motion. Straight leg raise test was normal. Motor exam at left lower extremity was graded 3+ to 4+/5. Reflexes were graded 1+ at left leg. Gait was antalgic. Sensation was diminished at bilateral lower extremities. Treatment to date has included lumbar fusion surgery, home exercise program, and medications such as MS Contin, Norco, Soma, trazodone, Zanaflex, sertraline, Tricor, lisinopril, and Simcor. Utilization review from 01/10/2014 denied the request for five-day inpatient detoxification because there was no evidence of an attempt to wean patient from opioids prior to enrollment to this program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIVE (5) DAY INPATIENT DETOXIFICATION AT COTTAGE HOSPITAL FOR LOW BACK PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, DETOXIFICATION Page(s): 42.

Decision rationale: According to page 42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, detoxification is defined as withdrawing a person from a specific psychoactive substance. This 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; (5) or a lack of functional improvement. In this case, patient has been on opioids since January 2013 (18 months to date). However, given the 1999 date of injury, the exact duration of opioid use is not clear. The medical records failed to provide a rationale for participation in a detoxification program. There was no record of intolerable side effects, a lack of response, aberrant behaviors, or a lack of functional improvement with opioid use. Furthermore, there was no documentation of a comorbid psychiatric illness. There is no clear indication for detoxification. Therefore, the request for five (5) day inpatient detoxification at cottage hospital for low back pain is not medically necessary.