

<b>Case Number:</b>	CM14-0014431		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	03/27/2007
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Neurological Surgery 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 employee is a 55-year-old gentleman who states that he sustained a work related injury on March 27, 2007. Continued care has included treatment for low back pain with lower extremity radiculopathy. The injured employee was most recently seen on January 10, 2014, and complained of neck pain, low back pain, as well as left shoulder pain. At that time participation in a functional restoration program for pain reduction and decreased dependence on narcotics was recommended. Previous medications have included Norco, non-steroidal anti-inflammatory medications (NSAIDs), Lyrica, Cymbalta, and Tramadol without significant pain relief. Additional medications include Prozac, Simvastatin, and an unknown medication for anxiety. The physical examination on January 10, 2014 noted decreased lumbar spine range of motion with apparent guarding, 5-/5 muscle strength in the upper and lower extremities. A urine drug screen was performed at this time. A previous independent medical review was performed on February 3, 2014, which stated a detoxification program was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DETOXIFICATION PROGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DETOX AND RAPID DETOX., Page(s): 42 AND 102-103.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18).

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines states that chronic pain programs, to include detoxification programs, are recommended for patients who are at risk for delayed recovery. There is no mention in the medical records that the injured worker is at risk for any type of delayed recovery or that any previous attempt has been made to wean this individual from opioid medications. It is additionally stated that a chronic pain detoxification program is stated to be a "secondary treatment". However, as previously mentioned, there has been no primary intervention to wean the injured employee from opioid medications. As the medical record does not indicate any failed attempts to reduce or discontinue the injured employee's use of Norco, this request for a formal detoxification program is not medically necessary.