

Case Number:	CM14-0017001		
Date Assigned:	03/07/2014	Date of Injury:	06/26/2008
Decision Date:	06/02/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/20/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

According to report dated 11/12/2013, the patient presents for a follow up pain management consultation. As noted, the patient has an exacerbation of pain and has increased abdominal pain which required him to be hospitalized. He was put on MS Contin 30 mg 4 times a day and ran out of medication about 10 days early because he took extra medication for his pain. He was not authorized for a refill of medication and is in violation of his oral pain contract from his last visit. The patient's medication includes MS Contin 30 mg no more than 4 per day which will be reduced to MS Contin 30 mg t.i.d. The patient will also continue with Lunesta, Lexapro, and Soma. The treating physician was notified that he will not be provided any early refills and any deviation from the 3 a day of the MS Contin will result in discharge. The treating physician requests authorization for the patient to participate in a detox program.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT DETOX PROGRAM, NO DURATION/FREQUENCY LISTED: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS Guidelines discuss detoxification and state it is 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: Intolerable side effects, Lack of response, Aberrant behaviors as related to abuse and dependence, Refractory co-morbid psychiatric illness and Lack of functional improvement. Gradual weaning is recommended for long-term opiate users because opiates cannot be abruptly discontinued without probable risk of withdrawal symptoms. The MTUS Guidelines do not discuss the duration or frequency of the program. However, ODG Guidelines regarding detox recommends a medium duration of 4 days. In this case, the request is for detox program without duration. Although the patient may be medically indicated for a detox program, without knowing the duration for the request, it cannot be found medically necessary. MTUS also recommends gradual weaning of opiates, which can be safely accomplished via outpatient monitoring.