

Case Number:	CM14-0132744		
Date Assigned:	09/18/2014	Date of Injury:	04/12/2003
Decision Date:	10/21/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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 Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 64-year-old male who reported a date of injury 04/12/2003. The mechanism of injury was reported as an assault. The injured worker had diagnoses of cervicalgia, cervical spondylosis, pain in joint involving hand, adjustment disorder with depressed mood, tenosynovitis, elbow, left, lesion of ulnar nerve left, and chronic pain syndrome. Prior treatments included the use of a TENS unit, occupational therapy, psychotherapy, and spinal cord stimulator. Diagnostic studies were not indicated within the medical records provided. Surgeries included spinal cord stimulator implant of unknown date. The injured worker had complaints of left upper extremity pain, constant right hand pain and, spasms of the hands bilaterally with the pain rated 4/10 to 5/10. The clinical note dated 07/09/2014 noted the injured worker held his left upper extremity in his lap with a guarded position, cranial nerves 2 through 12 were grossly intact, the injured worker's mood was dysthymic, and the injured worker's depression assessment scale was a score of 24, which indicated very severe depression. Medications included Rybix, Savella, Lyrica, Exalgo, and Fentora. The treatment plan included Exalgo, Fentora, Lyrica, Savella and, te physician's recommendation for the injured worker to attend a detox center, psychological treatment, an extension of occupational therapy, acupuncture, and to follow up in 1 month. The rationale was not indicated within the medical records provided. The Request for Authorization Form was received on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Detox 14 Days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT FOR WORKERS' COMPENSATION PAIN(CHRONIC)(UPDATED 07/10/2014) HOSPITAL LENGTH OF STAY(LOS) DETOX(ICD94.65- DRUG DETOXIFICATION)

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

Decision rationale: The injured worker had complaints of left upper extremity pain, constant right hand pain and, spasms of the hands bilaterally with the pain rated 4/10 to 5/10. The California MTUS guidelines state 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 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. Rapid detox is not recommended. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The data supporting the safety and effectiveness of opioid antagonist agent detoxification under sedation or general anesthesia is limited, and adequate safety has not been established. Given that the adverse events are potentially life threatening, the value of antagonist-induced withdrawal under heavy sedation or anesthesia is not supported. The policy recommendations state that opioid detoxification should be part of an integrated continuum of services that promotes ongoing recovery from addiction. Additional policy recommendations state that ultra-rapid detoxification is a procedure with uncertain risks and benefits, and its use in the clinical setting is not supported. There is a lack of evidence the injured worker has intolerable side effects or has had lack of response to opioid usage. There is also a lack of documentation the injured worker has aberrant drug behaviors as related to abuse or dependence, refractory comorbid psychiatric illnesses or a lack of functional improvement. The guidelines indicate gradual weaning is recommended for long term opioid users. The 06/10/2014 examination indicates the physician was starting to wean the patient from opioid medication. There is a lack of documentation indicating the injured worker cannot slowly be weaned from opioids on an outpatient basis. As such, the request is not medically necessary.