

Case Number:	CM14-0133812		
Date Assigned:	08/25/2014	Date of Injury:	06/01/2010
Decision Date:	09/29/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/18/2014

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 and Ohio. 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 a 33-year-old male who reported an injury on 06/01/2010. Diagnosis was noted to be sprain of the lumbar region. Prior treatment was noted to be surgery, diagnostic imaging, and pain management with medication. On 06/12/2014 the injured worker had a clinical evaluation. The subjective complaint was noted to be low back pain. The physical examination of the low back revealed spasms with 40 degrees of flexion and 10 degrees of extension. The straight leg raising was positive for back pain. The treatment plan was for epidural injections. Treatment plan also included a recommendation for referral of the detoxing from pain medications. The rationale for the request was provided within the documentation. A Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Detox Program from Pain Meds: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Independent Medical Examinations and Consultations, Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dealing with misuse & addiction Page(s): 84.

Decision rationale: The request for Detox Program from Pain Meds is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend that, if there are active signs of misuse, these concerns should be addressed immediately with the patient. If there are signs of relapse to addiction or new onset addiction, these patients should be referred to an addictionologist immediately. The primary treating physician's progress report dated 06/12/2014 does not indicate signs of relapse to addiction, or new onset addiction. Therefore, the request for Detox Program from Pain Meds is not medically necessary.