

Case Number:	CM14-0135042		
Date Assigned:	08/29/2014	Date of Injury:	07/25/2011
Decision Date:	10/03/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family Medicine 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 patient is a 45-year-old female who has submitted a claim for depressive disorder and lumbar disc displacement without myelopathy associated with an industrial injury date of 7/25/2011. Medical records from 3/28/2014 up to 8/5/2014 were reviewed showing a flare up of back pain 7-10/10 in severity with radiations towards the groin bilaterally. She reported generally experiencing a frustrated mood due to persistent pain. She had a depressed mood and is very emotional about her pain. It was noted on UR that it is unclear to the provider if the opiates are making the patient more functional, thus the request for detoxification. Objective findings reported that the patient was well appearing and in no apparent distress. Lumbar spine examination showed tenderness of the paravertebral muscles, tight muscle bands, and trigger points. SLR was positive at 30 degrees bilaterally. Treatment to date has included lansoprazole, Duragesic, Naproxen, Zanaflex, Lyrica, Tegretol, Ativan, physical therapy, ESI, and chiropractic care. Utilization review from 8/4/2014 denied the request for Office Detox. The closest indication for detoxification on this patient would be the presence of a refractory comorbid psychiatric illness. Although the patient presented with a depressed mood during examination, an objective psychological evaluation has not been completed to demonstrate the presence of a clinically significant psychological condition. There were no indications for detoxification noted on this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Detox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, the patient has been taking opiates since at least 3/2014 however, given the 2011 date of injury, the exact duration of opioid use is not clear. The patient is also diagnosed with depressive disorder but is not taking antidepressants. Subjectively, her pain has not improved however, there was no documentation of pain level on VAS without medications. It was noted on UR that it is unclear to the provider if the opiates are making the patient more functional. Although the patient presented with a depressed mood during examination, an objective psychological evaluation has not been completed to demonstrate the presence of a clinically significant psychological condition. Therefore the request for Office Detox is not medically necessary.