

Case Number:	CM14-0137682		
Date Assigned:	09/05/2014	Date of Injury:	03/21/2007
Decision Date:	10/02/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/26/2014

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 and 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:

The patient is a 52 year old female with an injury date of 03/21/07. No reports by the treating physician were provided. The 03/21/14 AME report states that the patient presents with almost constant lower back pain worse to the left of the midline radiating down the left leg. Bending, lifting, twisting or sitting too long will flare symptoms. She also presents with pain in both arms, both hands and the neck as well as migraine headaches which focus over either eye. Headaches occur every other week and are throbbing and sometimes associated with nausea. The patient also reports numbness and tingling in the left leg with occasional cramping in the left foot and left great toe, and sleep impairment. Pain is rated 6/10 and aggravating activities increase pain to 10/10. Examination reveals that sensory examination was remarkable for blunting to pin sense in the left L5 distribution. The patient's diagnoses include: Lumbar disc disease with left lumbar radiculopathy, symptomatic and industrial; Chronic pain syndrome; History of thoracic outlet syndrome with chronic bilateral upper limb pains; Gastric complaints; Depression. Current medications are listed as Atorvastatin, Omeprazole, Lunesta, Diazepam, Rizatriptan, Sumatriptan susenate, Venlafaxine, Bupropion, Hydrocodone, Pentoxifylline, Hydromorphone, Lidoderm patches, and joint supplement. The utilization review being challenged is dated 08/08/14. The rationale is there is inadequate documentation on weaning techniques and attempts, evidence of withdrawal, and lack of a clear treatment plan. Furthermore the requesting treating physician was not the provider of opioid medications for the patient. QME and AME reports from 03/28/10 to 03/21/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 DAYS OF OUTPATIENT DETOX: Overturned

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: The patient presents with lower back pain radiating down the left leg, pain in both arms, both hands, the neck and occasional migraine headaches. Pain is rated 6/10 and 10/10 with aggravating activities. The treating physician presents for 5 days of outpatient detox. MTUS guidelines page 42 on detoxification state it 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, or (5) Lack of functional improvement. The 03/21/14 AME report does not discuss the above 5 considerations; however, it does state the patient requires a psychiatric QME to assess whether that has been a significant injury to her psyche as a result of the 03/21/07 injury. There is no recommendation in the report for detoxification treatment for the patient. There is a general reference in the 08/08/14 utilization review about the patient's attempts at self-weaning. Although the treating physician's discussion regarding the specific need for detox is not found, the patient is on multi-pharmacy regimen including opiates and benzo's. A 5 day detox program is supported by MTUS. Recommendation is that the request is medically necessary.