

Case Number:	CM14-0164622		
Date Assigned:	10/09/2014	Date of Injury:	12/17/2011
Decision Date:	11/19/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/06/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 56 year old female who had a work injury dated 12/17/11. The diagnoses include left total knee arthroplasty with chronic pain; chronic pain syndrome versus fibromyalgia. Under consideration are requests for drug detox. A 2/11/14 secondary treating physician report states that the patient is approximately 9 months status posts her left total knee arthroplasty. The patient continues to have pain in the knee. The patient states the pain has been constant since surgery. There has really been no change, particularly since her last evaluation. The patient states the pain continues to limit her activities of daily living. She uses a cane for ambulation. She cannot stand for prolonged periods of time. On exam the left knee shows a well healed incision. There is no significant swelling or noted. There is a total knee incision in the anterior aspect of the knee. The patient has diffuse tenderness around the knee with no specific point tenderness. Range of motion: Extension to 10 degrees, flexion to 110 degrees. The patient has pain with any movement of the knee. Muscle strength is markedly weak. She has a difficult time lifting the leg against gravity. There is no gross instability noted. The patient's distal vitals are intact. She uses a cane for ambulation. The treatment plan states that a revision was not recommended. A 2/14/14 urine toxicology report states that Oxycodone, Oxymorphone and Lorazepam were documented as detected on the screen but there were no corresponding medications prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug 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: Drug detox is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that detoxification 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 documentation does not indicate that the patient meets the criteria for drug detoxification therefore the request for drug detox is not medically necessary.