

Case Number:	CM14-0021942		
Date Assigned:	05/09/2014	Date of Injury:	10/13/2011
Decision Date:	07/10/2014	UR Denial Date:	02/15/2014
Priority:	Standard	Application Received:	02/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 Physician 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 50 year old male whose date of injury is 10/13/2011. On this date he fell off a ladder while picking apples. Note dated 05/23/13 indicates that the injured worker has run out of his pain medications and appears to be having withdrawal symptoms. Note dated 07/29/13 indicates that the injured worker has been taking 12 Norco per day when his dosage is one tablet every 6 hours. Previously he was asking for oxycontin, oxycodone and morphine. It is clear the injured worker has an addiction problem and is pleading for more Norco. He has completed his Norco very prematurely. Note dated 09/24/13 indicates that the injured worker once again completed his prescription prematurely. Assessment dated 11/01/13 indicates that ORT score is 8 and CAGE-AID score is 0. The injured worker admitted to using medical marijuana as well as vicodin prescribed to someone else. Urine drug screen dated 12/23/13 was inconsistent with medications prescribed. Addiction medicine evaluation dated 01/21/14 indicates that the injured worker is also using illicit opioids that he obtains on the street. The injured worker has 5 DUIs. Given the injured worker's significant history of alcoholism despite his six years of recovery, it is opined that initial detoxification from his opioid medications can only be managed in medically managed intensive outpatient services.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 DAY IN-PATIENT STAY AT [REDACTED] FOR CESSATION OF OPIOIDS TO INCLUDE COMPREHENSIVE EVALUATION, INDIVIDUAL OR GROUP SESSIONS

WITH A PAIN PSYCHOLOGIST, PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND SUBOXONE INDUCTION: 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: Based on the clinical information provided, the request for 7 day inpatient stay at [REDACTED] comprehensive interdisciplinary pain program for cessation of opioids to include comprehensive evaluation, individual or group sessions with a pain psychologist, physical therapy, occupational therapy and suboxone inducti and the Chronic Pain Medical Treatment Guidelines, the request is not recommended as medically necessary. There is no documentation of failed outpatient attempts at detoxification. It is unclear why the injured worker cannot be weaned off of opioid medications in an outpatient setting. There is no documentation of significant motivation to change the injured worker's behavior. Recommend not medically necessary.