

Case Number:	CM14-0022310		
Date Assigned:	02/26/2014	Date of Injury:	02/12/2011
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 47 year old male with a 2/12/11 date of injury with a diagnosis of right lateral epicondylitis. The patient was noted to be seen on 1/28/14 for a follow up of his second prolotherapy injection performed on 1/14/14. The patient noted a decrease in pain from a 6/10 to a 1-2/10. The patient also inquired about tapering off his narcotics as the prolotherapy was noted to be helping his pain. The patient was mentioned to be on Percocet, Norco, Ambien, Lorazepam, Clonazepam, and Cymbalta and is using less medication but they have not been discontinued but wants to do it in a controlled setting. Exam findings revealed pain over the lateral epicondyle of the right elbow especially on supination, with 5/5 motor strength, and a negative Cozen's sign. The patient was prescribed Percocet 10 mg from four times per day to three times per day. Treatment to date: ligament strengthening injections, prolotherapy x 3, medications. A UR (Utilization Review) decision dated 2/20/14 denied the request given rapid detoxification is not supported per MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

DETOXIFICATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
DETOXIFICATION Page(s): 42.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for detoxification include intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement; gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. There is no indication that the patient has failed a weaning attempt, and there is no indication that the patient is having intolerable side effects from the weaning he has done thus far. In addition, the patient's Percocet weaning had been initiated on the day of the request. Therefore, the request of Detoxification program as submitted was not medically necessary.