

<b>Case Number:</b>	CM14-0025277		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/09/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 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 injured worker is a 57-year-old male who reported an injury on 11/09/2009. The mechanism of injury was not provided for review. The patient has a history of substance abuse as they have been on MS Contin 30 mg 3 times a day, oxycodone 20 mg daily, Valium 10 mg 1 per day as needed, and Restoril since at least 2009. The injured worker entered a detoxification program on 02/04/2014. A letter of medical necessity dated 02/10/2014 documented that 1 additional day of detox due to the patient exhibiting continued withdrawal symptoms was being requested. It was also documented that a 28-day residential treatment program was also being requested. However, a formal evaluation of the patient to provide physical findings that would support the need for this request was not provided. The injured worker was evaluated on 02/27/2012. It was documented that the patient had acute exacerbation of chronic pain requiring an injection to prevent oral medication usage. It was documented that the patient went through 1 week detoxification program; however, they had significant pain complaints following completion of that program. Physical findings included tenderness to palpation to multiple body parts. It is documented that the physician felt the patient was having symptoms of continued withdrawal and would require a dose of buprenorphine or Butrans to assist with pain control. Additionally, it was recommended that the patient participate in a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 DAY OF OUTPATIENT DETOX:** Upheld

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

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

**Decision rationale:** The clinical documentation submitted for review does indicate that the patient has previously participated in a detoxification program and successfully discontinued all medications. The clinical documentation does indicate that the patient does have continued pain complaints. California Medical Treatment Utilization Schedule does recommend detoxification of patients who have intolerable side effects, lack of response, abberant behaviors, or refractory comorbid psychiatric illness, or lack of functional improvement. However, the clinical documentation does not provide any support that the patient needs continued outpatient detoxification care that cannot be provided by the treating physician. As such, the requested a day of outpatient detox is not medically necessary or appropriate.

**28 DAYS OF RESIDENTIAL TREATMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program (Functional Restoration Program) Page(s): 32.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends inpatient pain rehabilitation programs for patients who don't have the minimal functional capacity to participate effectively in an outpatient program. The clinical documentation submitted for review does not provide any evidence that the patient has severe complex medical or psychological comorbidities that would require intensive observation or additional counseling beyond what can be provided on an outpatient basis. Additionally, there is no documentation to support that the patient cannot participate in an outpatient functional restoration program and requires adjacent treatment. As such, the requested 28 days of residential treatment is not medically necessary or appropriate.