

<b>Case Number:</b>	CM14-0028847		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/25/2001
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 and 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 46-year-old male with a reported date of injury of 09/25/2001. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with low back pain, rated at 5/10. The previous treatments include epidural steroid injections with a 50% decrease in pain symptoms that lasted for 4 months. Upon physical examination, the lumbar spine presented with tenderness noted over the paraspinal muscles overlying the facet joints and SI joints. In addition, the injured worker presented with positive left straight leg raise. The clinical note dated 02/19/2014 indicated that the injured worker was then working full time at 10 hours a day. The physician indicated that the injured worker had been successful at decreasing the amount of opioids when he was receiving epidural steroid injections. In addition, the physician indicated the injured worker did not want to enter a detoxification program, stating that it may endanger his position at his job. The injured worker's diagnosis included lumbar intervertebral disc disease, and lumbar postlaminectomy syndrome. The injured worker's medication regimen included MS-Contin, Oxycodone, and Terocin patches. A Request for Authorization for 10 days of outpatient detox program, 5 days per week for 2 weeks was submitted on 03/03/2014. The physician indicated that the injured worker was embarking on a program of weaning his medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten (10) days of outpatient Detox program, five (5) days per week for two (2) weeks:**  
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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Hospital Length of Stay (LOS).

**Decision rationale:** The California MTUS Guidelines state that detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse, or misuse. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The Official Disability Guidelines recommend 4.1 days for a drug detox program. The clinical note dated 02/19/2014 indicated that the injured worker did not want to enter a detoxification program because he felt that it would endanger his position at his job. In addition, the clinical note dated 05/16/2014 indicated that the injured worker had been slowly decreasing his narcotic usage. Furthermore, the physician indicated the injured worker had been successful at decreasing the amount of opioids when receiving epidural steroid injections. The Official Disability Guidelines recommend 4 days for a detox program. The request for 10 days of outpatient detox program exceeds the recommended guidelines. In addition, according to the clinical documentation provided for review, the injured worker was weaning himself from his opioid use. Therefore, the request for 10 days of outpatient detox program, 5 days per week for 2 weeks is not medically necessary.