

<b>Case Number:</b>	CM14-0030358		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	03/07/1995
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Internal Medicine 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 patient is a 39 year old female who sustained an injury on 03/07/1995 while transferring a patient from a wheelchair to a shower, when she pulled back to prevent the patient from falling and developed pain in her back. Treatment to date has included pain medication, braces, physical therapy, TENS unit, massage, HEP, chiropractic treatment, trigger point injections and nerve blocks. On 11/04/2013, an interdisciplinary assessment was performed to determine whether the patient was an appropriate candidate for participation in an interdisciplinary pain rehab program. The patient perceived her pain as a 7 that may decrease to a 5 at its best or increase to an 8.5 at its worst. Her pain was reported to be present 90-100% of the time. She reported difficulties with bowel/bladder dysfunction, initial and terminal sleep cycle, weight increase, changes in appetite and libido. Weight gain was significant at 85 pounds over a period of 8 months. She has had thoughts of harming or killing herself (denied attempts). The patient reportedly lives with a roommate who performs most of the household work as the patient states she cannot. On examination, the patient is reported to have poor cognition and memory with difficulty on long-term memory, short-term memory and immediate recall. Her mood is depressed and anxious and there is evidence of some psychomotor retardation. The patient was engaging in pain behaviors. Her gait was non-antalgic. She was not using assistive devices, however, she was extremely stiff in her movements. Sensory exam was normal in the bilateral upper and lower extremities. Upper and lower extremity motor exam was 4/5 for all muscle groups tested, with minimal effort. DTR's were 2 and symmetrical bilaterally. SLR in the sitting position was negative bilaterally. The patient was diagnosed with cervical and lumbar issues, chronic pain syndrome, Myofascial pain syndrome, major depressive disorder, anxiety disorder, decreased libido, sleep disorder, obstructive sleep apnea, cognitive impairment in the dementia range, benzodiazepine dependence, carisoprodol dependence, opioid dependence, rule out opioid-induced hyperalgesia,

migraine and tobacco addiction. In reviewing the four A's, the medications do not provide adequate analgesia and do not assist with functional activities. The patient has significant adverse effects due to opioids (as well as to benzodiazepines and Soma). She also has signs of aberrant behavior with marijuana being found on drug testing. Further, the medical report documents the patient's medication list as not being compliant with the 120mg ceiling for daily morphine equivalent dosage (patient's dosage is 620mg). Based on this assessment, it was recommended that the patient not be continued on the opioid medications until she underwent a detox program to see how she does since she may have opioid induced hyperalgesia. The patient's loss of ability to function independently was resulting from her chronic pain as well as from her excessive sedation and zero motivation to change. Inpatient detox was recommended as the patient does not meet the criteria for ongoing use of opioid medication and the inpatient setting would be preferred given her significant depression.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **INPATIENT DETOX PROGRAM TIMES 2 WEEKS: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification, Opioids, Ongoing Management Page(s): 42, 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that detoxification is defined as withdrawing a person from a specific psychoactive substance 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. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The medical records document that the patient is experiencing several intolerable side effects: psychiatric issues, aberrant drug behaviors and no functional improvement. She has fatigue, poor sleep, dental decay, impaired memory, cognition, focus and attention. She has had prior UDS that tested positive for marijuana. The patient would meet the criteria for a detoxification program. With regards to the inpatient setting of this program, the guidelines for ongoing opioid management include using inpatient treatment for issues of abuse, addiction or poor pain control. Based on the medical documentation submitted and the guidelines cited, the request for inpatient detoxification is medically necessary.