

Case Number:	CM14-0031689		
Date Assigned:	06/20/2014	Date of Injury:	08/10/2008
Decision Date:	07/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/12/2014

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 31 year old male firefighter who suffered toxic lead levels and injury to his eyes, head, and physical /mental injuries while fighting a fire in 8/10/06. In his physician's notes he was noted to be on dilaudid 8 mg q4 hours prn for pain and also fioricet 1-2 q4 hours. He was noted to be drowsy and slow to respond at his appointments and to have lead intoxication and possible drug addiction. The physician wanted to have psych evaluation for therapy and possible detoxification. This was refused and on the last note of 4/16/14 the PTP was attempting a gradual dose reduction of the dilaudid medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Detoxification qty: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines rapid detox Page(s): 102,103. Decision based on Non-MTUS Citation Official Disability Guidelines: Detoxification.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Meds Page(s): 27, 84, 703. Decision based on Non-MTUS Citation The Authoritative On Line Medical Reference, Up To Date , Topic 7801 and version 15.0 and topic 803 version 11.0.

Decision rationale: The Chronic pain section of the MTUS states that opioid detoxification should be part of an integrated and sustained program that promotes ongoing recovery from addiction and that if signs of abuse are noted with narcotic meds that it is beneficial to consult a specialist trained in addiction and detoxification protocol. Also the medication, buprenorphine is noted to be a beneficial pharmacologic adjunct to treating addiction and that it is often as beneficial as methadone. Up to Date states that a medically supervised program is usually not sufficient to treat addiction and usually needs to be integrate with pharmacologic treatment such as the use of methadone, naltrexone, or buprnrphine. It also notes that education with family and friends and individual and group counseling is often needed. This particular patient was taking excessive doses of dilaudid and fioricet and most probably addicted to these medications. He needed a specialist in the field of addiction to provide a coordinated approach with counseling and education and probably use of pharmacologic treatment as advocated in the above reference material. At the last visit we note the PTP was trying to treat his addiction with a slow titration of his dilaudid. This is probably not going to be effective by itself and the patient was in need of a referral to a specialist for ongoing care. Therefore, it is medically necessary that he have the psych consult that was denied. The request is medically necessary.