

Case Number:	CM14-0045427		
Date Assigned:	06/27/2014	Date of Injury:	02/25/1999
Decision Date:	08/21/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational 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 56-year-old male who has submitted a claim for lumbar disc degeneration and displacement of lumbar intervertebral disc without myelopathy associated with an industrial injury date of February 25, 1999. Medical records from 2001 through 2014 were reviewed, which showed that the patient complained of thoracolumbar pain, bilateral buttock pain, and low back pain that radiates to the bilateral lower extremities. Physical examination revealed no neurologic deficits in the lower extremities. Patient had a short-strided gait. Lumbar spine was stiff. Allodynia was noted in the right lower extremity. Treatment to date has included L5-S1 laminectomy (1999), global fusion L5-S1 (2004), SCS placement, re-exploration right laminotomy/fusion (2009), anterior lumbar interbody fusion L4-5, application of intervertebral spinal device L4-5 (2010), bilateral SI joint fusion with instrumentation (2011), SCS revision (2012), and medications, which include Lunesta 3mg, Bupropion 150mg, Neurontin 600mg, Ibuprofen 800mg, Cyclobenzaprine 10mg, Oxycontin 40mg, Oxycontin 20mg, and Norco 10/325mg. Utilization review from March 4, 2014 modified the request for Inpatient Detox Program at [REDACTED] to a referral to an addictionologist for management of the opioids and to assess for detox as necessary because there is no support for continuation of the opioids as prescribed with weaning being necessary however it is not clear what type of program would be necessary especially since there have been no attempts at weaning as an outpatient. MTUS recommends a referral to an addictionologist when there is inadequate improvement with opioids and a need for weaning but there are difficulties. Such a referral is supported in order to assess what detox is supported and to possibly take over the opioid prescriptions with a trial of outpatient opioid weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

In patient Detox Program at [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines When to discontinue Opioids, Detoxification Page(s): 42, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42, 124.

Decision rationale: According to page 42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, detoxification is defined as withdrawing a person from a specific psychoactive substance. This may be necessary 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; (5) or a lack of functional improvement. In this case, the patient has been on opioids since 2003 (11 years to date). The medical records provide a rationale for participation in a detoxification program. Intolerable side effects including gastrointestinal disturbance and hypogonadism secondary to opioid use have been noted. Detoxification is recommended for patients receiving multiple medications and/or lack of efficacy. However, the request did not specify any length of time for the inpatient detox program. Furthermore, the previous UR dated 3/4/14 certified a referral to an addictionologist in order to assess what form of detoxification is supported and to possibly take over the opioid prescriptions with a trial of outpatient opioid weaning. Therefore, the request for In patient Detox Program at [REDACTED] is not medically necessary.