

Case Number:	CM14-0047068		
Date Assigned:	07/02/2014	Date of Injury:	08/15/2008
Decision Date:	08/22/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/15/2014

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 Neuromusculokeletal Medicine and is licensed to practice in Arizona. 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:

This is a 63-year-old female patient who sustained a work related injury on 8/15/2008 as a result of being struck by a truck along the left side of her body while working as a traffic control person. She sustained injuries to her neck and back as she was knocked to the ground. Since then she has had a continued complaint of neck and lower back pain that has been treated with medications, lumbar epidural steroid injection (ESI), Lumbar medial branch blocks and physical therapy. She underwent a posterior approach lumbar fusion revision for a broken screw at L 4/5-S1 on 2/20/2014 from her initial fusion from L4-S1 procedure performed on 6/27/2011. The patient experiences continuous cervical and lumbar pain that is accompanied by headaches, that intensifies upon movement of the neck with pain referral along her bilateral upper extremities. Her pain is pulsating, sharp, shooting and throbbing in character and a constant 8/10 on the 1 to 10 pain scale. Her lumbar pain is slightly greater on the right but does alternate between the right and left side. She experiences pain in both lower extremities with bilateral sensory loss along the legs and feet. A progress report dated 3/10/2014 describes an attempt at outpatient weaning of opioid pain medication with the patient expressing withdrawal symptoms with significant pain increase. The physician requested outpatient detoxification. In dispute is a prescription of Oxycodone 10mg #150 and an outpatient detoxification program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 124.

Decision rationale: For opioids, the Chronic Pain Medical Treatment Guidelines state that a slow taper is recommended for weaning purposes. The longer the patient has taken opioids, the more difficult they are to taper. In this case, the process is more complicated with medical comorbidity, older age, female gender, and the use of multiple agents. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Therefore, the requested Oxycodone 10mg #150 is medically necessary and appropriate.

An outpatient detoxification program: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 42.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that detoxification is defined as withdrawing a person from a specific psychoactive substance. Detoxification does not imply a diagnosis of addiction, abuse or misuse. Detoxification 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, 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. This patient meets the criteria for an outpatient detoxification program. Therefore, the requested services are medically necessary and appropriate.