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| Case Number: | CM14-0061102 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 02/07/2002 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 04/16/2014 |
| Priority: | Standard | Application Received: | 05/02/2014 |

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 61-year-old female who has submitted a claim for chronic pain associated with an industrial injury date of February 7, 2002. Medical records from 2013 to 2014 were reviewed. The patient complains of low back pain rated 2-3/10, accompanied by stiffness and spasms. She also reports sleep interference and anxiousness. Physical examination of the lumbar spine showed limitation of motion and 2+ muscle over the lower paraspinal. She has been on chronic opioid use. Weaning was tried, however patient was unable to discontinue medications due to withdrawal symptoms. The diagnoses included lumbar post fusion syndrome status post three-level lumbar reconstruction; chronic bilateral lower extremity radiculopathy; diffuse regional myofascial pain; chronic pain syndrome with both sleep and mood disorder; and opioid and benzodiazepine dependency. Current medications include Norco, lorazepam, Xanax and methadone. Detoxification combined with interdisciplinary functional restoration was recommended. Treatment to date has included oral analgesics, physical therapy, epidural steroid injections, and lumbar surgeries. Utilization review from April 16, 2014 denied the request for Detox from Methadone. Patient has just been recently authorized for 10 days of functional restoration program, which is already a multidisciplinary treatment. Weaning/discontinuing medications and detox should be incorporated into this multidisciplinary setting. Also, there has been no completion of the functional restoration program yet that would qualify for the patient's entry into an organized detox program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Detox from Methadone (outpatient detox program): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: Detoxification Page(s): 42.

Decision rationale: On page 42 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that 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. In this case, the patient has been on chronic opioid use. Weaning was tried, but patient was unable to discontinue medications due to withdrawal symptoms. However, the above-mentioned criteria were not evident in the medical records provided. Moreover, utilization review dated April 16, 2014 certified the request for functional restoration program which can assist patient in weaning from methadone. Likewise, progress report dated May 14, 2014 stated that the patient has already discontinued methadone intake. The medical necessity has not been established at this time. Therefore, the request for Detox from Methadone (outpatient detox program) is not medically necessary.