MAXIMUS Federal Services

Case Number:	CM14-0063939		
Date Assigned:	07/11/2014	Date of Injury:	03/14/2003
Decision Date:	09/01/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/06/2014

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 Psychiatry 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 injured worker is a 50 year old male with date of injury 3/14/2003. Date of the UR decision was 4/11/2014. Report dated 6/16/2014 indicated that the injured worker had completed the narcotic detox and was continued on Suboxone. He complained of depression and had ongoing severe pain with mood disorder. Report dated 5/5/2014 suggested that he was in severe pain, was doing very poorly per the report. It was suggested that he had not been tolerating pain medications and had failed trials of Butrans, Opana ER, Fentanyl, Nucynta. It was indicated that Butrans patch was effective but caused severe irritation.The diagnostic impressions per that report listed Narcotic dependence and history of alcoholism, however there were no details available.Report dated 3/17/2014 listed subjective complaints as low back pain, left knee pain, Incontinence, depression/anxiety, memory problems, insomnia and chronic abdominal wound. It was suggested that he continued to use the Butrans patch as well as hydrocodone every 4 hours as needed and a 5-7 day detox was recommended by the provider. However, the report did not list a diagnosis of opiate abuse or dependence; or any symptoms suggestive of the same such as taking more than prescribed amounts, running out early etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

5-7 INPATIENT ADMISSION FOR DETOX: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental & Stress>, <Hospital length of stay (LOS)>.

Decision rationale: Per ODG "Hospital length of stay (LOS Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice that mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. Length of stay is the number of nights the patient remained in the hospital for that stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24-hour day that a patient occupies a hospital bed, so a 23-hour admission would have a length of stay of zero. Alcohol Rehab/Detox (icd 94.63 - Alcohol rehabilitation and detoxification)Actual data -- median 5 days; mean 7.0 days (1.1); discharges 12,586; charges (mean) $12,166Best practice target (no complications) -- 5 days"Report dated 3/17/2014 listed subjective complaints as low back pain, left knee pain, Incontinence, depression/anxiety, memory problems, insomnia and chronic abdominal wound. It was suggested that he continued to use the Butrans patch as well as hydrocodone every 4 hours as needed and a 5-7 day detox was recommended by the provider. However, the report did not list a diagnosis of opiate abuse or dependence; or any symtpoms suggestive of the same such as taking more than prescribed amounts, running out early etc. Thus, a request for 5-7 day inpatient admission.