

Case Number:	CM14-0078760		
Date Assigned:	07/18/2014	Date of Injury:	09/15/2004
Decision Date:	10/17/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/29/2014

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 injured worker is a 52 year old male with reported industrial injury over 10 years prior on the 09/04/04. He underwent cervical spinal discectomy and fusion on 3/22/2014 and after that was seen by a pain management specialist who documented that the patient had severe narcotic dependence, tobacco use (heavy), heavy marijuana use, dependence on high doses of opiates (MS Contin 100 mg PO BID) along with depression and anxiety that was dependent on benzodiazepines. No other pertinent information was provided. The UR report noted that the patient was seen post operatively in April 2014 when he was prescribed Soma, MS Contin and benzodiazepine. The possibility of detoxification was discussed but the request was not further elaborated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Detoxification/Rehabilitation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Detoxification

Decision rationale: Although given the patient's high opiate use, long term opiate use and dependence on other medications with comorbid depression and anxiety, it would be appropriate to consider detoxification by medical means to prevent severe withdrawal, no information is provided that this is being planned. It is not clear if the patient has tried to taper medications, seen an addiction specialist and has his underlying psychiatric illness addressed with appropriate pharmacotherapy. In the absence of this information, the request is very vague, as stated also by the UR. The request is not medically necessary until the availability of more information that is specific and pertinent to the request.