

Case Number:	CM14-0087206		
Date Assigned:	07/25/2014	Date of Injury:	08/08/2001
Decision Date:	09/17/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/10/2014

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 patient suffered his worker comp injury on 8/8/01. She was noted to have right shoulder rotator cuff tear, narcotic dependence, and L4-5, L5-S1 degenerative joint disease. She had hardware removal on 11/4/10. She was noted to have chronic lumbar pain, L4-5 disc disease and left leg radiculopathy. She was noted to be S/P L4-5 laminotomy and medial faciotomy. She was S/P L5-S1 fusion. She was also noted to have dental pain and in need of consultation with an oral surgeon and to have left knee degenerative joint disease. The treating M.D. on 5/12/14 recommended Yoga or Pilates classes and referral to an oral surgeon. He noted the issue of narcotic addiction and the need for a detox program. He felt inpatient detox would be preferential to gradual weaning because of the high dose of narcotics involved and felt it would be unsafe to do this as an outpatient. He also requested authorization for a pain specialist prior and after the detox program. The patient was noted to be on Oxycontin 40mg 4 tabs bid and to be on Oxycodone 30mg, 2 tabs q4 hours. She was also on Fentanyl Patch, Fioricet, Soma and Xanax. The UR committee denied this request for inpatient detox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Detoxification Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42, 102-103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines detox Page(s): 26,27,32,84,103,and 124. Decision based on Non-MTUS Citation Up to date section on detox.

Decision rationale: The MTUS states that "detoxification programs need to be integrated into a broad based treatment for addiction and is utilized when addiction and signs of abuse are noted with treatment with narcotic medication. It also notes that it is beneficial to consult a specialist trained in addiction medicine and detoxification protocol. The MTUS also notes that inpatient detox may be used when the patient lacks the mobility to participate in an outpatient program, has a medically complex condition which necessitates more intensify monitoring, or is on very large doses of pain meds. However, the MTUS also cites the 2005 statement from the ASAM or American Society of Addiction Medicine that rapid or ultra-rapid detoxification is not recommended. Up to date, we noted that a medically supervised detoxification program is often not enough and needs to be incorporated into a broader based program which includes use of medications. It notes that such medicines as Methadone, Buprenorphine, and Naltrexone are often of benefit. Also, family should be included into a broad based counseling program. The above patient is a complex patient addicted to large doses of prescription medications and needs to wean off. The only question is whether or not she should be an inpatient for rapid detox or weaned off gradually on the outside. It is true that she is on very large doses and this is stated as one of the criteria for inpatient detox. However, the ASAM recommends against this procedure. At this point the patient would be best served by immediate referral to a specialist in pain medicine addiction who is able to provide an integrated approach to tapering which would probably include the use of other meds such as Methadone and family counseling and close follow up. The specialist could determine whether or not this particular patient was in need of a more intensive program which could be provided by inpatient detox. The request for Inpatient Detoxification Program is not medically necessary.