

Case Number:	CM14-0089900		
Date Assigned:	07/23/2014	Date of Injury:	07/01/2008
Decision Date:	09/12/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 58-year-old male who reported an injury on 07/01/2008. The mechanism of injury was the injured worker was attempting to lift a 26 x 20 feet heavy pipe. The prior treatments included a spinal cord stimulator trial and implant, medications, an epidural steroid injection, acupuncture, an L3 through L5 decompression laminectomy on 04/06/2009, an L3 to L5 fusion on 11/11/2009, an MRI of the lumbar spine, and an EMG/NCV. The documentation of 03/20/2014 revealed the injured worker completed a risk assessment testing including SOAP, COM 1, ORT, PSQ 12, and CAGE AID and was deemed medically necessary and appropriate for a refill of medication. The injured worker had a medication safety agreement and was in compliance. The injured worker had a urine drug screen and did not require a screening to be done on that date of service. The medications prescribed and refilled were Flector, Norco 10/325 mg, and Tizanidine. The injured worker had an appropriate pill count. The subsequent documentation of 04/01/2014 revealed the injured worker had complaints of low back pain, left leg, and left foot pain. The physician recommended an interdisciplinary pain rehabilitation program including a planned detoxification from opioid analgesics. The documentation indicated the injured worker had complaints of pain and had a concern regarding his continued inability to taper and eliminate his use of opioid analgesics. The injured worker was noted to have decreased the Norco intake from 8 tablets per day to 4 tablets per day. The injured worker indicated on his attempts at further reduction he had been faced with repeated failure. The injured worker noted he was concerned that having a 5-year-old son and modeling drug-taking behavior was a disadvantage. The injured worker had increased knee pain and had swelling and intermittent warmth around the knee. The injured worker described the knee as an accepted part of the industrial injury and the injured worker indicated he would like to understand whether there was new progressive damage and a need for further surgical re-evaluation of the knee. The

treatment plan included an MRI and possible surgical consultation as well as the HELP outpatient detoxification program due to repeated trials of further tapering of opioid analgesics. The treatment included 10 days of outpatient detoxification, anticipating a Suboxone induction with subsequent tapering. The injured worker was noted to have failed outpatient attempts at conservative tapering and had been successful at achieving a 50% reduction but was unable to achieve cessation altogether. The injured worker's diagnoses included low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI, Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI.

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is appropriate postsurgically if needed to assess knee cartilage repair tissue. The clinical documentation submitted for review indicated the injured worker previously underwent a surgical intervention for the knee, which would include MRI findings. There was a lack of documentation indicating an objective physical examination to support the injured worker had laxity in the right knee. Given the above, the request for MRI of the right knee is not medically necessary.

HELP 10 Days of Outpatient Detoxification Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification, Rapid Detoxification, Weaning Of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Detoxification.

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

Decision rationale: The Official Disability Guidelines indicate that detoxification is recommended when there is evidence of substance abuse or misuse, evidence that medication is not efficacious, or evidence of excessive complications related to use. Detoxification is defined as a medical intervention that manages an injured worker through withdrawal syndromes. Indications for detoxification include intolerable side effects, a lack of response to current pain medications, evidence of hyperalgesia, lack of functional improvement, and/or refractory comorbid psychiatric illnesses. The clinical documentation submitted for review failed to indicate the injured worker met the above criteria. Additionally, the documentation indicated the injured worker had been successful to decrease the quantity of tablets from 8 to 4 per day. There

was a lack of documentation indicating a necessity for 10 days of an outpatient detoxification. Given the above, the request for HELP 10 days of outpatient detoxification program is not medically necessary.