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| Case Number: | CM14-0092255 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 08/01/2005 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/18/2014 |

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 & Rehabilitation, 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 female with a date of injury on 8/1/2005. The exact mechanism of the injury was not specified. She was diagnosed with (a) failed cervical fusion , C4-C5, C5-C6 and C6-C7, with no loosening of hardware but with mild central canal stenosis and bilateral neural foraminal stenosis, with CT scan evidence of stable cervical fusion; (b) chronic musculoskeletal pain with opiate pain management; (c) neural tension signs radiating to the upper extremities from the neck; (d) chronic pain treated with opiate analgesic medications; (e) musculoskeletal myofascial tension in upper thoracic region; (f) anxiety and depression aggravated by chronic pain originating from 8/1/2005 industrial injury, partly controlled with Wellbutrin or Bupropion; (g) sleep disorder aggravated by chronic pain ; (h) sleep apnea due to soft tissue restrictions in neck arising from cervical surgery and (i) gastrointestinal symptoms related to chronic intake of analgesic medications, partly controlled with proton pump inhibitors medications. In a recent evaluation note dated 6/10/14 it was indicated that the injured worker is utilizing medications which includes Norco and Zohydro for pain and she also uses a transcutaneous electrical nerve stimulation (TENS) unit when driving. She stated that the medication Zohydro ER has reduced her anxiety as the analgesic has lasted longer. It was also indicated that her hours of sleep have remained at three to four hours per night but the interruptions due to pain have decreased with the medication Zohydro, making her feel more rested. She further stated that her acupuncture and deep tissue massage has reduced her migraine headaches and jaw pain and the transcutaneous electrical nerve stimulation unit have reduced arm paresthesias and neuralgia which radiated from the neck to the arms. An examination of the cervical spine revealed tenderness with taut bands at myofascial trigger points with twitch response over the levator scapula, trapezius and rhomboid muscles which caused radiating pain to the posterior scapula and neck. Range of motion of the cervical spine was limited in all planes

due to pain. An examination of the shoulder revealed tenderness over the scalene muscles. Range of motion was measured as follows; flexion was at 160 degrees on the right and 150 degrees on the right and abduction was 140 degrees on the right and 150 degrees on the left. An examination of the lumbar spine revealed limited range of motion in lateral bending and extension. Upper extremity muscle testing was at 4/5 on the left on all myotomes. Sensation was decreased on the left C7 and C8 distribution and in the right C6, C7 and C8. She was recommended to the continue medications and she was to return for follow up in one month. This is a review of the requested detox program for chronic analgesic medication intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

Detox Program for Chronic Opiate Analgesic Medication: 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 Detoxification; Rapid detox; Weaning of Medications Page(s): 42; 102; 124.

Decision rationale: The medical records received have limited information to support the necessity of a detox program for chronic opiate analgesic medication intake. According to the California Medical Treatment Utilization 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. There nothing in the medical records which indicated that the injured worker has the following conditions for which detoxification is indicated for. Additionally, it also states that gradual weaning is recommended for long-term opioid users because opioid cannot be abruptly discontinued without probable risk of withdrawal symptoms. Based from the medical records submitted there was no documentation that the injured worker has trialed and failed a gradual weaning process for her chronic opioid medication intake. There was no record which showed that her medication intake was decreased or tapered from its original dose. From the same guidelines it was also stated that ultra-rapid detoxification is a procedure with uncertain risks and benefits and its use in the clinical setting is supported. Therefore, it can be concluded that the medical necessity of the requested detox program for chronic opiate analgesic medication intake is not established.