MAXIMUS Federal Services

Case Number:	CM13-0070560		
Date Assigned:	01/08/2014	Date of Injury:	02/16/2005
Decision Date:	04/17/2015	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/24/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Georgia
Certification(s)/Specialty: Anesthesiology, Pain Management

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 claimant is a 42 year old female presenting with back pain following a work related injury on 02/16/2005. The claimant complained of sever low back pain. MRI of the lumbar spine on 03/12/2009 was significant for large herniated nucleus pulposus at L4-5 that had increased since the last examination, moderate central disc protrusion at L5-S1 with annular tear. MRI of the cervical spine revealed minor degenerative changes at C5-6, and C6-7. The claimant had 2 epidural steroid injections. The claimant reports that Demerol is one of the only drugs that she can tolerate and requires this medication 3 times per day. The physical exam was significant for moderate to severely diminished range of motion of the thoracoloumbar spine, straight leg raise causing hamstring tightness at 60 degress, radiation into the thighs at 70 degrees, diminished sensation to pin wheel testing throughout the right lower extremity though it is a little better on her medial thigh, and diffusely mild puffiness. A claim was made for inpatient detoxification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient detox (days) Quantity: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 9th edition (web), Pain (Chronic), Detoxification.

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

Decision rationale: Inpatient detoxification is not medically necessary. Ca MTUS page 42 states that Detoxification is defined as withdrawing a person from a specific psychoactive substance and it does not imply a diagnosis of addiction, abuse or misuse. 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. The claimant's medical records do not specify goals for detoxification as noted in the Ca MTUS; therefore, the requested therapy is not medically necessary.

Demerol Quantity: 150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute; ODG Treatment in Workers Compensation, 5th edition 2007, Demerol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Demerol is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Demerol is not medically necessary.