

<b>Case Number:</b>	CM14-0119543		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/07/2003
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 sustained a work related injury on October 7, 2003, sustaining left sided neck pain and left-sided disc protrusions which were noted to be identified at two levels in the cervical spine on MRI. The exact mechanism of the work related injury was not included in the documentation provided. The injured worker was noted to have undergone a cervical spine fusion, arthroscopic partial medial mediscectomy of the right knee, arthroscopic debridement of the left knee, partial medial meniscectomy of the left knee, right and left hand surgeries, secondary repair of the left index finger, cardiac catheterization, and drug eluting stent placement. Copies of the reports were not included in the documentation provided. The injured worker's conservative treatments were noted to have included facet injections, a spinal cord stimulator, medial branch blocks, epidural steroid injections, TENS unit, H-wave, physical therapy, home exercise, and oral and topical pain medications. The injured worker was noted to have multiple emergency room visits with the most recent noted in the records provided as June 6, 2014, for chronic pain, with the injured worker's chief complaint was chronic pain, noting using morphine and was out of medication. The Primary Treating Physician's report dated June 5, 2014, noted the injured worker reporting severe neck pain with radiation into the left upper extremity, describing the pain as constant, sharp, aching, burning, and shooting, with the pain a 4/10 with 0 being no pain and 10 the worst possible pain. The injured worker's previously prescribed medications were noted as Subsys spray, Norco, Omeprazole, Methadone, Nucynta, Amitriptyline, and Fentanyl patches, previously on MS Contin and Trazadone. The Physician noted the injured worker had been deemed appropriate for cervical fusion although unfortunately

had suffered a cardiac arrest followed by stent placement in August 2013, with another cardiac event in December of 2013, with more stent placements. Because of the need for a year of anticoagulant therapy, the injured worker must be managed medically for the period of no less than one year. The Physician noted that while the associates of opioids did decrease pain and improve function, it was felt that the injured worker would benefit from a drug holiday if the cardiologists felt the injured worker was stable enough to support the stress of detox. The injured worker was noted to have previously been on up to 900mg of morphine which did significantly decrease the pain, and had been on opioids for more than ten years. A drug holiday was noted to have been attempted ten years prior, but the pain was so severe that the injured worker resumed opioid therapy. The Physician noted that the injured worker's opioid doses were escalating, and that a drug holiday would be beneficial. The Physician recommended an inpatient detox program due to the cardiac history and need for medical management. The Physician requested authorization for evaluation of an inpatient detoxification program. Per the doctors note dated 7/31/14 patient had complaints of neck pain at 4/10. Physical examination of the cervical region revealed limited range of motion, muscle spasm, 5/5 strength, diminished sensation in C6-7 distribution, positive Spurling sign. The patients surgical history include neck and knee surgery. The medication list includes: Amitriptyline, Fentanyl, Nucynta, Norco, Omeprazole, MS Contin Trazodone. He has had a urine drug toxicology report on 7/29/14 that was inconsistent for opioid.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Evaluation of Inpatient Detoxification: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Rapid Detox. Decision based on Non-MTUS Citation Official Disability Guidelines: On Line Treatment Guidelines for Chronic Pain (<http://www.odg-two.xom/odgtow/pain.htm>)

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

**Decision rationale:** Request: Evaluation of Inpatient Detoxification According to the CA MTUS 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. This patient was taking high doses of potent narcotics for about 10 years. His medication history includes taking methadone, MS Contin, fentanyl patches. A drug screen showed inconsistent results for opioids. Therefore there is evidence of aberrant drug behavior. The pt has a history of stent placement and cardiac arrest in the past. Given this patient's history, an EVALUATION for an inpatient detoxification program is deemed medically appropriate and necessary.