

Case Number:	CM14-0166121		
Date Assigned:	11/20/2014	Date of Injury:	05/06/2011
Decision Date:	01/08/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/08/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 5/6/11. A utilization review determination dated 9/17/14 recommends modification of inpatient detox with a recommendation for 3 days. 9/30/14 medical report identifies neck and low back pain with radiation into the extremities as well as right knee pain. Pain medication reduces pain from 9-10/10 to 5-6/10 without side effects. Functional gains include ADLs, mobility, and restorative sleep. The patient is intent on weaning off of the Norco, as he states that it causes moodiness as well as lack of energy and motivation. His efforts to wean off of the medication by lowering doses have proven impossible due to significant withdrawal symptoms, his wife states. On exam, there is limited ROM, positive SLR, and a limp. The patient's wife stated that she obtained authorization for a 2-3 week inpatient detox/pain program in direct conversation with the adjuster and blames the doctor's office for the authorization being for a 3-day inpatient evaluation only. 8/30/14 medical report identifies a plan for inpatient 5-7 day detox and inpatient 28 day pain recovery program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Detox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42 of 127.

Decision rationale: Regarding the request for Inpatient Detox, California MTUS supports detoxification for indications including Intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Within the documentation available for review, the patient has attempted weaning from Norco, but has had significant withdrawal symptoms. The patient requested to participate in an inpatient detox program. The request as written is open-ended, as no specific duration is requested (although there is a medical report noting a recommendation for inpatient 5-7 day detox and inpatient 28 day "pain recovery program"). The prior utilization review report was modified to certify a 3-day program for evaluation/detox, with the recommendation that a request for additional treatment with goals and expected outcomes be made dependent on that evaluation. While a few days of inpatient detoxification may be appropriate, there is, unfortunately, no provision for modification of the current open-ended request to allow for an appropriate number of inpatient days. In the absence of clarity regarding the above issues, the currently requested Inpatient Detox is not medically necessary.