

Case Number:	CM14-0175155		
Date Assigned:	10/28/2014	Date of Injury:	03/27/2012
Decision Date:	01/28/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/22/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a male with a work injury dated 3/27/12. The diagnoses include low back pain with bilateral leg pain and weakness and lumbar degenerative disc disease. The patient is status post lumbar laminectomy and disc resection L4-5 left. Under consideration are requests for inpatient detox. There is a 4/11/14 document that states that the patient saw a neurosurgeon who indicates that surgery is a reasonable option for the patient. MRI scan which was recently done shows that the disc bulge at L3-4 level is somewhat smaller than the rest of the initial MRI. The patient indicates that he is using the Percocet three tablets, two times a day and staying with that program. He states that it is controlling his pain reasonably while he is able to perform activities of daily living with a reasonable moderate discomfort. He states that he is not getting medications from any other source and has had no new injury. On exam the patient is awake and alert. The lumbar spine exam states that the patient still has lower back pain. The straight leg raise is positive with limited range of motion. The treatment plan states that this patient has been compliant using his medications and will be continued on Percocet three tablets, two times a day # 180. A 1/27/14 document states that the patient is currently taking Oxycodone 15 mg, two per day, Vyvanse, an antidepressant for ADHD 80 mg daily, Trazadone 60 mg daily, Colace 200 mg daily, Alprazolam 3-5 mg daily, Seroquel 25 mg twice daily, Dexilant for GERD 60 mg once daily.

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 Page(s): 42.

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

Decision rationale: Inpatient detox is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that inpatient detox 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. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The documentation does not reveal evidence of aberrant behaviors, intolerable side effects. The documentation is not clear as to why the patient requires inpatient detox. There is no evidence of attempts at weaning this patient on the documentation submitted. Without clarification of this request the request for inpatient detox is not medically necessary.