

<b>Case Number:</b>	CM14-0200561		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	05/21/2007
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Interventional Spine 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 patient is a 56-year-old male with a date of injury of 05/21/2007. The patient's medication regimen includes lorazepam 0.5 mg, omeprazole 20 mg, sertraline 100 mg, Topiragen 50 mg, tramadol 50 mg, and zolpidem 10 mg. The patient has had a UDS on 10/16/2014. The current diagnoses include spinal/lumbar degenerative disc disease, thoracic/lumbar radiculopathy, brachial neuritis or radiculitis not otherwise specified, cervical disc degeneration, chronic pain syndrome, shoulder pain, knee pain, and headache/facial pain. Previous treatment include oral medications, heat therapy, cold therapy, epidural injection, physical therapy, aqua therapy, TENS unit, chiropractic therapy, psychological therapy, left rotator cuff arthroscopy in 2004, and trigger point injections. Report dated 10/16/2014 noted that the injured worker presented with complaints that included left lower extremity pain, right lower extremity pain, left knee pain, and left shoulder pain. Pain level was described as 9 out of 10, aching, burning, constricting, pricking, shooting, spasmodic, squeezing, and throbbing. The pain radiates to the lower back, left foot, and right foot. Pain is relieved by medications and rest. Physical examination of the cervical spine revealed restricted range of motion due to pain. Examination of the lumbar spine revealed restricted range of motion due to pain, tenderness over the sacroiliac joint, and positive straight leg raises bilaterally. Right knee examination revealed restricted range of motion due to pain. Left knee examination revealed restricted range of motion due to pain and tenderness to palpation over the medial joint line and medial plateau. Treatment recommendations included changes to Tramadol dosing, decrease Ativan and Ambien, discontinue Zanaflex and wean off Topamax. The treating physician noted an abuse/diversion risk. Urine drug screen report from 09/23/2014 showed positive results for Tramadol and negative results for lorazepam. The injured worker's work status was not included. The utilization review performed on 11/18/2014 non-certified a prescription for 10 days of substance abuse intervention drug detox, and 20 days of

residential treatment for substance rehabilitation based on no documentation to support attempts at simple tapering, and 10 urinalysis drug screenings based on no medical evidence to show risk of substance abuse. Primary treating physician's reports dated 09/11/2013 and 10/16/2014 were included in the documentation submitted for review.

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

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

#### **Ten days of substance abuse intervention drug detox: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Detoxification

**Decision rationale:** This patient presents with chronic bilateral shoulder, low back, and bilateral knee pain. The current request is for 10 days of substance abuse intervention detox. The MTUS Guidelines page 42 discusses detoxification and states it is recommended as indicated below. 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: Intolerable side effects, lack of response, aberrant behaviors as related to abuse and dependence, refractory comorbid psychiatric illness and lack of functional improvement. Gradual weaning is recommended for long-term opiate users because opiates cannot be abruptly discontinued without probable risk of withdrawal symptoms. The MTUS Guidelines do not discuss the duration or frequency of the program. However, Official Disability Guidelines under the pain chapter discusses detoxification and recommends a medium duration of 4 days. In this case, the treating physician's request for a 10-day detox intervention exceeds the recommended 4 days by Official Disability Guidelines. The request is not medically necessary.

#### **Twenty days of residential treatment for substance abuse rehabilitation: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Detoxification

**Decision rationale:** This patient presents with chronic bilateral shoulder, low back, and bilateral knee pain. The current request is for 20 days of residential treatment for substance abuse rehabilitation. The MTUS Guidelines page 42 discusses detoxification and states it is recommended as indicated below. 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: Intolerable side effects, lack of response, aberrant

behaviors as related to abuse and dependence, refractory comorbid psychiatric illness and lack of functional improvement. Gradual weaning is recommended for long-term opiate users because opiates cannot be abruptly discontinued without probable risk of withdrawal symptoms. The MTUS Guidelines do not discuss the duration or frequency of the program. However, Official Disability Guidelines under the pain chapter discusses detoxification and recommends a medium duration of 4 days. In this case, the treating physician's request for 20-day substance abuse rehabilitation exceeds the recommended 4 days by the Official Disability Guidelines. The request is not medically necessary.

**Ten (10) Urinalysis drug screenings between 10/28/14 and 02/10/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing (UDS)

**Decision rationale:** This patient presents with chronic bilateral shoulder, low back, and bilateral knee pain. The current request is for ten (10) urinalysis drug screening between 10/28/2014 and 02/10/2015. While MTUS Guidelines do not specifically address how frequent Urine Drug Screens should be obtained for various risks of opiate users, Official Disability Guidelines provide clearer recommendation. Official Disability Guidelines recommends 2 to 3 times a year urine screen for inappropriate or unexplained results in moderate risk patients. Two to three UDS per year should be sufficient to manage the patient's opiate use in most cases, per Official Disability Guidelines. The Official Disability Guidelines does state, Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The treating physician is concerned as the patient has had prior inconsistent UDS. The request for 10 screenings between 10/28/2014 and 02/10/2015 is excessive and not medically necessary.