MAXIMUS Federal Services

Case Number:	CM14-0201514		
Date Assigned:	12/11/2014	Date of Injury:	11/15/2001
Decision Date:	01/31/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/02/2014

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:

This patient is a 55 year old male with a date of injury of 11/15/01. According to treatment report dated 11/4/14, the patient presents with low back pain that radiates into the right lower extremity. He feels an increase in pain after going through some withdrawal symptoms approximately 3-4 weeks ago when his medication were denied. He states that he is not in significant pain but "extreme irritation and near complete numbness in the region." Previously he has tried gabapentin and Lyrica; however, with side effects including blurriness. He is currently taking Norco four times per day. He was able to wean off Methadone. The previously requested increase in Cymbalta has not been authorized. At this time, the treating physician would like to request again an increase in Cymbalta to treat the patient's neuropathic pain. Physical examination on this date revealed significant tenderness in the lumbar paraspinal musculature extending from the thoracolumbar junction down to approximately L3 with tightness along the right iliotibial band. There is a decrease in range of motion with positive straight leg raise in the right L5-S1 distribution. Kemp's test is positive and there is slight hypoesthesia along the right S1 dermatomal pattern with weakness noted. The listed diagnoses are:1. Lumbar surgical syndrome x32. Lumbar chronic myofascial pain3. Cervical chronic myofascial pain4. Cervical radiculitis5. Right shoulder status post rotator cuff and torn biceps6. Possible opioid-induced hyperalgesiaProgress report dated 10/21/14 states that prior attempts at weaning the patient off medications have been unsuccessful as the patient "goes into withdrawals." The patient expressed a desire to be off his medications in its entirety. Request for Authorization (RFA) dated 10/21/14 requested 7 days participation in a detox program, consisting of 2 days hospital and 5 days in a after care facility. The Utilization review non-certified the request on 11/6/14. Treatment reports from 8/24/13 through 11/18/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Detoxification program for 7 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Rapid detox; Detoxification Page(s): 102-103; 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Detoxification

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Detoxification program for 7 days. Request for Authorization (RFA) dated 10/21/14 requested 7 days participation in a detox program, consisting of 2 days hospital and 5 days in a after care facility. Regarding Rapid detox, the MTUS guidelines pages 102-103 states that it is "not recommended." Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The MTUS Guidelines page 42 recommend detoxification for intolerable side effects, lack of response, aberrant drug behaviors with dependence, refractory comorbid psychiatric illness or lack of functional improvement. Regarding Detoxification, ODG under the pain chapter further states that for the length of hospital stay, best practice target with no complication is 4 days. In this case, there are no discussions regarding intolerable side effects, lack of response, aberrant behavior, comorbid psychiatric illness, etc. With the hospital stay target at 4 days, the requested 2 days hospital stay may be within guidelines but the treating physical has not provided an explanation as to why a hospital/in-patient detox is required rather than a slow and gradual weaning of medication on an out-patient basis. The requested 7 day detox is not medically necessary.