

<b>Case Number:</b>	CM14-0203307		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	07/26/2001
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 54-year-old male with an injury date of 07/26/2001. Based on the 07/16/2014 progress report, the patient complains of having moderate to severe back pain. He describes the pain as being an ache, burning, deep, discomforting, dull, numbness, sharp, and shooting. He rates his pain as a 7/10. The 08/15/2014 report indicates that the patient describes his lower back pain as being piercing and these symptoms are aggravated by daily activities and walking. In addition, the patient has depressive disorder, arthropathy, anxiety, and hypotension. He rates his pain as a 7/10. The 11/20/2014 report indicates that the patient has tobacco use disorder, nausea, hyperlipidemia, dizziness, asthma, and alcohol dependence. The 11/20/2014 report provides no new information. The patient's diagnoses include the following: 1. Low back pain. 2. Anxiety state. 3. Chronic pain due to trauma. 4. Lumbosacral spondylosis without myelopathy. 5. Unspecified disorder of liver. 6. Depression. 7. Unspecified essential hypertension. 8. COAT. The utilization review determination being challenged is dated 12/01/2014. There are 3 treatment reports provided from 07/16/2014, 08/15/2014, and 11/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Detox program:** Upheld

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

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

**Decision rationale:** The patient presents with moderate to severe lower back pain. The request is for a Detox Program. The patient states that "he cannot come off the morphine. I will send him to a detox program, there is essentially an issue of dependence here. I think he needs to be detoxed off the morphine, the promethazine, and possibly the Ativan." The utilization review denial rationale states that "although a detox program would likely be appropriate in this case, treatment cannot be established as medically necessary without any evaluation and specifics regarding the program and timelines for dates of treatment being requested." 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. MTUS Guidelines do not discuss the duration or frequency of the program. However, ODG Guidelines under the pain chapter discusses detoxification and recommends a medium duration of 4 days. The 11/20/2014 report states that the patient "continues to drink heavily and is unable to restrict his free water intake, also wants refills on his pain medications as was fired from the pain management clinic, because his saliva test was negative for his narcotics and he has been unable to pee. I had agreed to wean him off the morphine, but he reports that he has been having severe withdrawals with trying to get weaned off the morphine. He is asking to be sent for a detox program. In clinic today, he was vomiting, and very anxious." The patient is currently taking amoxicillin, Ativan, benazepril hydrochloride, buspirone hydrochloride, Combivent Respimat, Dexilant, Flomax, fluoxetine hydrochloride, Loratadine, metoprolol succinate ER, morphine sulfate ER, nystatin, promethazine, Symbicort, tamsulosin, and Vicoprofen, vitamin D3, and zolpidem tartrate. In this case, it appears that the patient has abuse and dependence on morphine. It would appear that a detox program is appropriate but the duration of the detox program, and what it will entail, whether outpatient/inpatient is not clear with the request. The treater does not provide any specifics regarding the program. ODG Guidelines allow the detox program for a medium duration of 4 days. Therefore, the requested Detox Program with unspecified duration is not medically necessary.