

Case Number:	CM14-0212796		
Date Assigned:	12/30/2014	Date of Injury:	08/29/2010
Decision Date:	04/21/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/19/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 47 year old female, who sustained an industrial injury on 11/8/10. The injured worker was diagnosed as having thoracic region sprain, lumbar region sprain, lumbago and acquired spondylolisthesis. Treatment to date has included oral medications, anterior cervical surgery, and (MRI) magnetic resonance imaging of lumbar spine and activity restrictions. Currently, the injured worker complains of neck pain. She states she falls asleep in the car and feels very weak and has no energy. On physical exam dated 5/27/14, the injured worker is alert and yawning with complaints of fatigue and neck pain with an improved scar on anterior neck. The treatment plan consisted of continuation of medications and a trial of Nuvigil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient detox program x 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification and Rapid Detoxification Page(s): 42,102.

Decision rationale: According to the guidelines, 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: (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. In this case, the claimant had been chronically on opioids. There was no indication for rapid detoxification. There was only mention of difficulty when the claimant is out of medications. Weaning can be performed as an outpatient. The request for inpatient detoxification program is not medically necessary.