

Case Number:	CM15-0003747		
Date Assigned:	01/14/2015	Date of Injury:	12/17/2004
Decision Date:	03/17/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/08/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 54 year old male, who sustained an industrial injury on 12/17/2004. He has reported right facial pain after extensive facial trauma and reconstructive surgery. The diagnoses have included status post facial trauma and right facial pain/neuralgia. On Operative Report dated 12/12/2014 he underwent a right sphenopalatine ganglion block under fluoroscopic supervision and moderate conscious sedation without complications. Treatment plan included office visit for evaluation and continuation of his care, continue Sharp Pain Program and consider inpatient opioid detox. On 12/24/2014 Utilization Review non-certified addiction medicine for inpatient detox for opiates x1 day. The MTUS Chronic Pain Guidelines were cited. A treating physician note dated 12/03/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient detox for opiates x1 day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Detoxification Rapid Detox Page(s): 42, 124, 102-103.

Decision rationale: Detoxification involves withdrawing a substance from a person. It does not suggest the presence of addiction but rather the body's physical dependence on the substance. The MTUS Guidelines support the use of detoxification when the side effects of the substance are not tolerated, symptoms are not responding to the substance, there are unexpected behaviors in response to the substance or misuse, other psychiatric issues are not responding to treatment, or there is a lack of functional improvement with the use of the substance. A slow individualized wean is recommended when withdrawal from opioids is appropriate. Rapid detoxification is not recommended by the Guidelines as there is limited and controversial literature to support it. Those who abuse high doses of opioids or who abuse multiple substances may require detoxification in the inpatient setting. The submitted and reviewed documentation reports the worker was taking the opioids long-acting oxymorphone 40mg twice daily and short-acting oxycodone 20mg up to every four hours as needed for pain. These records implied the worker was taking six doses of oxycodone daily. While the documentation indicated the worker's wife reported the worker was "a mess," there was no description of recent atypical symptoms or findings or discussion indicating the reason inpatient detoxification was required. In the absence of such evidence, the current request for one day of inpatient detoxification from opioids is not medically necessary.