

Case Number:	CM15-0103626		
Date Assigned:	06/08/2015	Date of Injury:	05/10/1999
Decision Date:	07/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old female who sustained an industrial injury on 05/10/1999. Treatment provided to date has included: left shoulder surgery, lumbar spine surgery, right wrist surgery, medications, and conservative therapies/care. Diagnostic testing was not provided or discussed. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/08/2015, physician progress report noted that the injured worker presented for follow-up for the low back, left shoulder, left hand and bilateral legs with complaints of persistent low back and leg pain. Pain is rated as 10 (0-10) and described as persistent. Additional complaints include neck and bilateral hand pain (rated 10/10), weight changes, fatigue, weakness, trouble sleeping, bowel changes (constipation), headaches, sweating, frequent urination, nervousness, depression, memory loss and stress. It was reported that the injured worker was using more medication than the physician had prescribed and continued to experience pain rated 10/10. The physical exam revealed tenderness about the lumbar and thoracic paraspinal musculature, restricted range of motion in the lumbar spine, and decreased sensation in the L5 dermatome. The provider noted diagnoses of failed back syndrome, bilateral carpal tunnel syndrome-status post right carpal tunnel release, left shoulder pain-status post arthroscopy, left-sided ulnar neuritis, left-sided lateral epicondylitis, left-sided de Quervain's tenosynovitis, and depression. Plan of care includes a detoxification program, limiting (weaning Norco), prescription for Xanax, Ambien and Naprosyn, and functional restoration program. The injured worker's work status permanent and stationary. Requested treatments include detoxification program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Detoxification Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42-43.

Decision rationale: Regarding the request for a detox program, California MTUS states the following: "Detoxification: 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: (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. (Benzon, 2005)" Within the documentation available for review, the provider recommended a detox program given that the patient is misusing medications and the provider is requesting a FRP. This is according to a progress note dated 4/8/15. The worker is documented as having a 'medical problem' and taking more prescribed. The patient also continues to have 10/10 pain, and guidelines recommend weaning if there is no analgesic efficacy of narcotics. However, a later paragraph within the same note does document that the Norco is helpful for pain and functionally helps the patient in performing ADLs. Given this lack of clarity, and the lack of explanation as to why detox as opposed to a slow wean is necessary, the currently requested detox program is not medically necessary.