

<b>Case Number:</b>	CM15-0107309		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57 year old male who sustained an industrial injury on 11/14/2013 while installing carpets. The injured worker was diagnosed with lumbar sprain/strain, lumbar disc herniations, lumbar radiculitis/radiculopathy of the left lower extremity and left sacroiliitis. Treatment to date has included diagnostic testing, acupuncture therapy, physical therapy, home exercise program and medications. According to the treating physician's progress report on April 27, 2015, the injured worker continues to experience low back pain associated with muscle spasms and radiation to the left buttock, thigh and leg with numbness, tingling and weakness. The injured worker rates his low back pain level at 8/10 with flare ups reaching 9/10 pain level. Examination of the lumbar spine demonstrated a normal gait. The injured worker is able to walk on his heels and toes with difficulty due to bilateral hip pain. Heel to toe walk was performed with some difficulty. There was some guarding noted over the lumbar area with myofascial pain reproduced on deep palpation. Range of motion of the lumbar spine was limited with increased pain. Straight leg raise testing was strongly positive bilaterally in seated and supine positions. Palpation over the left sacroiliac (SI) joint reproduced shooting pain down the posterior and lateral aspects of the left thigh. Motor strength, pulses, deep tendon reflexes and sensation to pinprick and light touch were intact. Gaenslen's, Patrick Fabere and sacroiliac joint thrust tests were positive on the left. Current medications are listed as Dilaudid 8mg and Tizanidine. Urine drug screening tests were noted to be inconsistent for medications not prescribed. Treatment plan consists of a left sacroiliac (SI) injection, left transforaminal epidural steroid injection at L2-3 and L3-4, current medication regimen and the current request for an outpatient detoxification program for narcotic dependency.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient detoxification program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Weaning of Medications Page(s): 42 and 124.

**Decision rationale:** Outpatient detoxification program is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that detoxification 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. The MTUS states that for opioids gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. (Patients with complex conditions with multiple comorbidities (including psych disorders should be referred to an addiction medicine/psychiatry specialist. If the patient cannot tolerate the taper, refer to an expert (pain specialist, substance abuse specialist)). The documentation does not reveal that the patient has had an attempt at weaning opioids in the office. The documentation does not indicate a discussion with patient of a detoxification program. The MTUS states that if a patient cannot tolerate a taper than a referral to a substance abuse specialist may be necessary. Without evidence of attempted weaning or discussion of weaning the request for outpatient detoxification program is not medically necessary.