

Case Number:	CM15-0107991		
Date Assigned:	06/12/2015	Date of Injury:	11/07/2011
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/04/2015

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 55 year old female, who sustained an industrial injury on 11/7/11. The injured worker has complaints low back pain that is gradually improving. The documentation noted on 5/11/15 that the injured workers surgical incision is well-healed and no evidence of infection. The documentation noted that the injured worker is residing in a [REDACTED] arrangement to detox from the medications prescribed for her industrial injury. The documentation noted 1/13/15 that the injured worker due to her level of pain she experienced she began to abuse her pain medications and she ultimately entered a rehabilitation facility and reports that she has 132 days of sobriety and she attends a meeting every day and is participation in a 12 step program. The diagnoses have included opioid type dependence, in remission. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine on 1/20/14; robaxin; gabapentin; lidocaine patch; fentanyl patch and amitiza; left L4-L5 hemilaminotomy discectomy on 3/10/15 and home exercise program. The request was for detoxification quantity one (unspecified). A progress note dated May 11, 2015 indicates that the patient had a relapse and is currently residing in a sober living environment for detoxification from the medications prescribed for her industrial injury. A utilization review determination indicates that the open-ended request for detox was modified to allow for a five-day detoxification program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Detox, Qty 1 (unspecified days): 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 8 C.C.R. 9792.20 - 9792.26 - (Effective July 18, 2009) Page(s): 42 of 127.

Decision rationale: Regarding the request Detox, Qty 1 (unspecified days), California MTUS supports detoxification for indications including Intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Within the documentation available for review, it appears the patient has already had a 5 day detoxification program's authorized. The current open-ended request for detoxification is not supported by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested Detox, Qty 1 (unspecified days) is not medically necessary.