

Case Number:	CM15-0132741		
Date Assigned:	07/21/2015	Date of Injury:	01/26/1998
Decision Date:	08/31/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/09/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 58 year old female, who sustained an industrial injury on 1-26-1998. Diagnoses have included lumbar failed back syndrome, acquired spondylolisthesis and intervertebral disc disorder with myelopathy, lumbar region. Treatment to date has included cognitive behavioral therapy and medication. According to the progress report dated 5-8-2015, the injured worker complained of chronic, intractable low back pain which radiated into the left buttock and down her left leg. She stated that her pain was worse since the last visit. She rated her average pain as nine out of ten. Physical exam revealed the injured worker to be alert and oriented. Her gait was antalgic. There was tenderness noted in the right and left paravertebral regions. Range of motion of the lumbar spine was restricted. It was noted that the injured worker had been positive for methamphetamine in previous urine drug screening. Authorization was requested for an in house detoxification program.

IMR ISSUES, DECISIONS AND RATIONALES

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

In house Detox 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 Pain Interventions and Guidelines Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Detoxification.

Decision rationale: Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. Detoxification is most commonly recommended when there is evidence of substance misuse or abuse, evidence that medication is not efficacious, or evidence of excessive complications related to use. Detoxification is defined as a medical intervention that manages a patient through withdrawal syndromes. While the main indication as related to substance-related disorders is evidence of aberrant drug behaviors, other indications for detoxification have been suggested. These include the following: (1) Intolerable side effects; (2) Lack of response to current pain medication treatment (particularly when there is evidence of increasingly escalating doses of substances known for dependence); (3) Evidence of hyperalgesia; (4) Lack of functional improvement; and/or (5) Refractory comorbid psychiatric illness. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. In this case, there is no documentation of substance abuse/misuse or any of the other indications for detoxification. The request is not medically necessary.