MAXIMUS Federal Services

| Case Number: | CM15-0140324 | | |
|---|---|---|---|
| Date Assigned: | 07/21/2015 | Date of Injury: | 05/30/2012 |
| Decision Date: | 07/24/2015 | UR Denial Date: | 07/07/2015 |
| Priority: | Expedited | Application Received: | 07/20/2015 |

## 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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

## 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 56 year old male with date of injury 5/30/2012. The date of the UR decision was 7/7/2015. He encountered injury to low back, right shoulder and left knee while he was performing his work duties when he was reading a meter while standing in front of his work truck which rolled forward and pinned him against a fence. He has been treated so far with physical therapy, surgery, medications, psychotherapy and had had diagnostic testing including X-Ray and MRI. Per report dated 6/15/2015, the injured worker's wife expressed concern over his over utilization of pain medications for the pain related to industrial injury and threatened him with a divorce. It was indicated that his prior hospitalizations had not been helpful. He was being prescribed Brintellix 10 mg twice daily and Belsomra 10 mg at bedtime as needed which he stopped taking due to lack of effect. He was prescribed Wellbutrin 150 mg every morning which was to be titrated up to 300 mg for his depression by the treating physician at that visit. Per the report, he was taking up 12-15 Tramadol tablets every day and about 12 Norco 10/325mg daily. He was staying in his car mostly per the report and continuation of psychotherapy treatment in a dual diagnosis treatment at [redacted] was recommended by the provider. He was admitted to [redacted] on 6/8/2015 for detoxification when he presented with chief complaint of "I am addicted to pills" and was expressing depressive and suicidal ideations for which he was admitted. He carries diagnosis of Opioid dependence. He has had few admissions in the past for suicidal ideations as well as substance abuse treatment per the chart.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation and treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Psychotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental& Stress; Hospital length of stay (LOS).

**Decision rationale:** ODG states "Hospital length of stay (LOS): Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice that mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. Length of stay is the number of nights the patient remained in the hospital for that stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24-hour day that a patient occupies a hospital bed, so a 23-hour admission would have a length of stay of zero Drug Detox (icd 94.65 - Drug detoxification), Actual data median 4 days; mean 4.1 days; discharges 78,219; Best practice target (no complications) 4 days." The request for Evaluation and treatment is not medically necessary. It is to be noted that the UR physician authorized an Evaluation however the need for inpatient treatment was to be decided based on the findings of the evaluation. The injured worker did not present with acute suicidal or homicidal ideations that would warrant the need for inpatient treatment. He has been hospitalized several times for detoxification which have not been helpful. The most recent progress report dated 6/23/2015 does not indicate any reason for acute inpatient hospitalization. The request also does not specify the length of stay being requested for the injured worker for the opioid dependence. The guidelines recommend short hospital stay for drug detox as quoted above. The request for evaluation and treatment is not medically necessary at this time.