

Case Number:	CM15-0145549		
Date Assigned:	08/05/2015	Date of Injury:	11/15/2011
Decision Date:	09/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52-year-old male, who sustained an industrial injury on 11-15-11. The injured worker has complaints of joint pain and back pain and neck pain radiating into his right shoulder. The documentation noted that the injured worker wanted to get off all opioids and interested in detoxing. The documentation noted that the injured worker tries to decrease his medications then his pain is worse so he has to take an extra dose. The diagnoses have included chronic pain syndrome; degeneration of cervical intervertebral disc; cervical post-laminectomy syndrome and spinal stenosis in cervical region. Treatment to date has included C5-C6 and C6-7 anterior cervical discectomy, fusion and anterior instrumentation on 10-7-14; cyclobenzaprine; gabapentin; opana ER and percocet. The request was for 5-day outpatient detox program.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 day outpatient detox program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This claimant was injured in 2011 with joint pain and back pain and neck pain radiating into his right shoulder. The documentation noted that the injured worker wanted to get off all opioids and was interested in detoxifying from the opiates. The documentation noted that the injured worker tries to decrease his medications then his pain is worse so he has to take an extra dose. The diagnoses have included chronic pain syndrome; degeneration of cervical intervertebral disc; cervical post-laminectomy syndrome and spinal stenosis in cervical region. The current California web-based MTUS collection was reviewed in addressing this request. 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) In this case, there is no evidence of intolerable side effects, lack of response, aberrant drug behaviors, refractory comorbid psychiatric illness, or lack of functional improvement. The role for a detoxification program as opposed to gradual weaning efforts, perhaps with weaning medication assistance, is not medically necessary.