

Case Number:	CM15-0167453		
Date Assigned:	09/08/2015	Date of Injury:	02/07/2011
Decision Date:	10/09/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/25/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

February 7, 2011. The injured worker received the follow treatments Klonopin, Lunesta, Adderall, Xanax, Celexa, Gabapentin, Tramadol ER, Soma, Clonazepam, Norco, Wellbutrin SR, psychiatric services, lumbar spine MRI and lumbar spine x-rays. The injured worker was diagnosed with anxiety, tension, depression, insomnia, neck pain, stenosis bilaterally at both levels and moderate disc herniation at L5-S1 with mild facet joint arthritis. According to the progress note of July 7, 2015, the injured worker's was complaining of mid and low back pain with lower extremity radicular pain, which had increased. The injured worker reported the pain was worse in the morning. The injured worker was starting a weaning process from Norco. Lumbar spine x-rays were obtained at this visit, which showed mild left thoracic scoliosis and degenerative endplate changes of the mid thoracic spine with narrowing. The physical exam noted restricted range of motion of the lumbar spine with pain. The treatment plan included outpatient detoxification program.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Detoxification.

Decision rationale: The patient presents on 07/07/15 with mid and lower back pain which radiates into the lower extremities. The patient's date of injury is 02/07/11. Patient is status post lumbar medial branch facet blocks at a date unspecified. The request is for Outpatient detoxification program. The RFA was not provided. Physical examination dated 07/07/15 reveals restricted range of motion in the lumbar spine. No other physical findings are included. The patient is currently prescribed Gabapentin, Norco, Soma, Celexa, Adderall, Lunesta, Xanax, and Clonazepam. Patient is currently classified as permanent and stationary, is working. MTUS Chronic Pain Medical Treatment Guidelines, Detoxification section, page 42 states: Recommended as indicated below. 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. In regard to the request for an outpatient detoxification program, this patient does not meet guideline criteria. Progress note dated 01/28/15 provides the reason for the request: "Discectomy and fusion at L5-S1 was denied by IMR, then subsequently medications were denied by IMR. Since both surgical intervention and medications have been denied, I am requesting an outpatient detoxification program with an addiction specialist." The physician has been attempting to wean this patient from his narcotic medications since the 02/11/15 progress note with some success. Per progress note 04/14/15, the provider states that the patient has been authorized an inpatient detoxification program, however is unable to proceed with attendance due to work conflicts and therefore requires an outpatient program. Addressing MTUS criteria for detoxification programs, this patient does not appear to suffer from intolerable side-effects of weaning from narcotics. The patient has already undergone at least one reduction of his Norco (#150 per 02/11/15 note, #140 per 05/12/15 note) with no serious incidents noted. The patient does not appear to display any aberrant or dependent behaviors, and does not display and refractory psychiatric illness due to medication reductions. Furthermore, the request does not provide any specifics regarding the outpatient detox program, such as duration. Therefore, traditional weaning should continue the requested detox program is not necessary.