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| Case Number: | CM15-0169185 | | |
| Date Assigned: | 09/09/2015 | Date of Injury: | 09/26/2012 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/19/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

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: North Carolina

Certification(s)/Specialty: Family Practice

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 35-year-old male with an industrial injury dated 09-26-2012. A review of the medical records indicates that the injured worker is undergoing treatment for opioid dependence, lumbar radiculopathy, lumbar spinal stenosis, herniated disc syndrome, muscle spasms and anxiety disorders. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 08-11-2015, the injured worker reported low back radiating to the left lower extremity. Objective findings (7-21-2015 to 8-11-2015) revealed antalgic gait, mild decrease range of motion with extension, mild tenderness to palpitation of bilateral lumbar paraspinal muscles, decreased sensation of the L5 distribution along the left lower extremity and bilateral positive straight leg raises. Medical records (7-21-2015) indicate the urine drug screens (UDS) from April and 6-18-2015 were inconsistent, with a recommendation to discontinue opioid therapy and titration of prescribed opioid medications. The treating physician prescribed services for referral to inpatient detox for opioid detox for 14 days, now under review. Utilization Review determination on 08-28-2015, partially approved the request for a referral only (original request: referral to inpatient detox for opioid detox for 14 days).

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to inpatient detox for opioid detox for 14 days: Overturned

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

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

Decision rationale: The California MTUS section on detox 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. (Benzon, 2005) The patient meets criteria as cited above and the request is medically necessary.