

Case Number:	CM15-0169789		
Date Assigned:	09/10/2015	Date of Injury:	07/20/2011
Decision Date:	10/08/2015	UR Denial Date:	08/21/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 29 year old man sustained an industrial injury on 7-20-2011 after a slip and fall off of a greased bailer that he was working on. Evaluations include right ankle x-rays dated 1-15-2014 and ankle x-rays dated 8-2014. Diagnoses include status post comminuted fracture of the right fibula and medial malleolus with surgical repair and continued dysfunction with possible non-union, substance abuse, abnormality of gait, ankle and foot pain, neuropathic pain, and chronic pain. Treatment has included oral medications, bracing, physical therapy, and surgical interventions. Physician notes on a PR-2 dated 8-11-2015 show complaints of right ankle pain. Recommendations include no prescriptions of schedule two medications, and [REDACTED] for detox program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Formal detoxification program with [REDACTED] or [REDACTED] QTY: 1.00:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Detoxification. Decision based on Non-MTUS Citation (Chronic) Detoxification (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

Decision rationale: According to MTUS guidelines, detoxification is "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) See also Rapid detox." According to ODG guidelines, "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. See Substance abuse (substance related disorders, tolerance, dependence, addiction) for definitions. 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. It can therefore be seen that a recommendation for detoxification does not necessarily imply a diagnosis of addiction, or of substance-related disorder. There are no specific guidelines that have been developed for detoxification for patients with chronic pain. This intervention does not constitute complete substance abuse treatment. The process of detoxification includes evaluation, stabilization, and preparation of the patient for further treatment that should be specifically tailored to each patient's diagnostic needs. Complete withdrawal of all medications is not always recommended, although evidence of abuse and/or dependence strengthens the rationale for such. (TIP 45, 2006) (Wright, 2009) (Benzon, 2005) See also Weaning of medications; Rapid detox; Substance abuse (substance related disorders, tolerance, dependence, addiction) for definitions. For average hospital LOS if criteria are met, see Hospital length of stay (LOS Drug Detox (icd 94.65 - Drug detoxification) Actual data -- median 4 days; mean 4.1 days (0.2); discharges 78, 219; charges (mean) [REDACTED] Best practice target (no complications) -- 4 days." There is no clear documentation for attempts for reduction of pain medications. Furthermore, there is no clear description of the detox program (time periods involved, actual process of detoxification). Therefore, the request for Formal detoxification program with [REDACTED] or [REDACTED] is not medically necessary.

Norco 10 mg QTY: 180.00: 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): Opioids, criteria for use.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10mg #180 is not medically necessary.