

Case Number:	CM15-0169954		
Date Assigned:	09/10/2015	Date of Injury:	08/06/2013
Decision Date:	10/08/2015	UR Denial Date:	08/11/2015
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 43 year old male, who sustained an industrial injury on 8-6-13. The injured worker is undergoing treatment for chronic pain involving multiple body parts, likely opioid dependence, post traumatic stress disorder (PTSD), chronic anxiety, depression and likely post-concussion syndrome. Medical records dated 2-18-15 through 6-22-15 indicate the injured worker complains of right eye impairment and back pain. He reports he continues to need Norco occasionally. The record indicates the injured worker has been under the care of psychiatric treatment and is not yet cleared. Physical exam notes he "moves all extremities relatively well" with slightly too moderately limited trunk movement. Treatment to date has included CAT scan, X-rays magnetic resonance imaging (MRI) and medication. The original utilization review dated 8-11-15 indicates the request for 90 Day inpatient treatment program for opioid dependence is non-certified noting inpatient treatment would be excessive and documentation does not identify failures to wean from Norco on an outpatient basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Day inpatient treatment program for opioid dependence: 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 California MTUS section on detoxification 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 need for detoxification is established and supported by the California MTUS however the need for a 90-day inpatient stay is not and therefore the request is not certified and therefore is not medically necessary.