

Case Number:	CM15-0183266		
Date Assigned:	09/24/2015	Date of Injury:	11/28/2014
Decision Date:	11/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/17/2015

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, California

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:

This is a 26 year old male patient, who sustained an industrial injury on 11-28-2014. The diagnoses include Achilles tendinosis left, bone contusion oscais left, tarsal navicular fracture left, left ankle edema, and mild Achilles tendon contracture. Per the doctor's note dated 5-28-15, he had pain and swelling in the left foot and ankle. He indicated having a recent flare due to accidentally kicking a banister. He also reported developing low back pain. Per the doctor's note dated 8-10-15, he had pain to the left foot and ankle and weakness of the left ankle. The physical examination revealed limping, swelling, tenderness, decreased range of motion and weakness to the area. He has a history of addiction to illicit drugs. Per the notes, "The prescribing of pain meds and stopping resulted in a relapse. Patient wants help with addiction". The medications list includes tramadol and diclofenac. He has had x-rays of the left ankle and foot on 5-28-15; MRI left foot dated 12/20/2014 and MRI left ankle dated 12/22/2014. He has had urine drug screen dated 2-13-15 which was positive for morphine. He has had physical therapy for this injury. Medications have included: Diclofenac 75mg, Tramadol 50mg, Naproxen, and Percocet. Current work status: off work. The request for authorization is for: inpatient detox program. The UR dated 8-18-15: non-certified the request for inpatient detox program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient detox 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, Opioids, dealing with misuse & addiction.

Decision rationale: Inpatient detox program. Per the Chronic Pain Medical Treatment Guidelines CA MTUS "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." He has a history of addiction to illicit drugs. Per the notes, "The prescribing of pain meds and stopping resulted in a relapse. Patient wants help with addiction". The patient had a urine drug screen on 2/13/15 which was positive for morphine. Per the note dated 8/10/15, the current medication list includes tramadol and diclofenac. The details of the substance abuse and dependence were not specified in the records provided. Evidence of refractory comorbid psychiatric illness is not specified in the records provided. In addition per the cited guidelines "If there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion, it has been suggested that a patient show evidence of consultation with a physician trained in addiction treatment for assessment of the situation and possible detoxification." Evaluation by a psychiatrist or addiction specialist is not specified in the records provided. While the need for detoxification and weaning of the opioids is evident, the rationale for the need of an inpatient detoxification program is not specified in the records provided. The medical necessity of an Inpatient detox program is not fully established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. The request is not medically necessary.