

<b>Case Number:</b>	CM15-0184576		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/03/2013
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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:

The 45-year-old male injured worker suffered an industrial injury on 2-3-2013. Summary report from the Functional Restoration Program from 8-24-2015 to 8-28-2015 reported he had made significant progress in weaning from Gabapentin Tramadol, and Baclofen. The summary noted that as of 8-28-2015, there was 3 days left of the program and the injured worker would not be able to accomplish the complete detoxification from the medication. The summary noted the injured worker was highly motivated and determined to wean off the medication and required outpatient detoxification to complete the process. The Tramadol was 400 mg per day and reduced to 250mg per day. The Baclofen was 20 mg per day reduced to 10 mg alternated with 15mg per day. Request for Authorization date was 8-28-2015. The Utilization Review on 9-4-2015 determined non-certification for Outpatient Detoxification 10 Days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Detoxification 10 Days: 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 with pain in the right low back, right lower extremity, in the groin and testicles. The request is for OUTPATIENT DETOXIFICATION 10 DAYS. Patient is status post right inguinal hernia repair surgery, date unspecified. Patient's treatments have included medication, physical therapy, nerve blocks, chiropractic care and functional restoration program. Per 08/28/15, Request For Authorization form, patient's diagnosis include right side hernia, and low back left groin. Patient's medications, per 05/19/15 progress report include Paxil, Gabapentin, Baclofen, and Tramadol. Patient is currently not 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." Review of the medical records provided indicate that the patient has completed 32 days (160 hours) of HELP Interdisciplinary Functional Restoration Program, from 06/15/15 through 08/28/15. In progress report dated 08/28/15, the treater states that the patient is determined to wean off his medications and has made significant progress in his Gabapentin, Baclofen, and Tramadol but is unable to completely detoxify by the end of the period of time authorized in the functional restoration program and so, the treater is requesting authorization for 10 days of HELP outpatient detoxification services to wean the patient off his current medications. In this case, the treater has not documented that the patient presents with intolerable side effects, lack of response, or aberrant drug behaviors with dependence, as required by the MTUS guidelines. There is no reason stated why the patient is unable to gradually and slowly wean off medication on outpatient basis either. This request is not in accordance with guideline recommendations and therefore, IS NOT medically necessary.