

Case Number:	CM15-0185585		
Date Assigned:	09/25/2015	Date of Injury:	11/06/1992
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	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: North Carolina, Georgia
 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 64 year old female, who sustained an industrial injury on 11-06-92. The injured worker was diagnosed as having lumbalgia, lumbar spondylosis, sacroiliac joint dysfunction, occipital neuralgia, narcotic dependency, and likely narcotic induced hyperalgesia. Treatment to date has included physical therapy, radiofrequency lesioning of the left L4-5 dorsal rams, and medication including Morphine and Vicodin. On 8-14-15, the injured worker complained of stiffness in the mid back causing radiating pain to the right leg. Severe headaches were also noted. On 8-26-15 the treating physician requested authorization for a narcotic detox program. On 9-1-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcotic detox program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hospital length of stay (LOS).

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

Decision rationale: CA MTUS states that opioid detoxification programs may be indicated when there are complex medical or psychiatric conditions which complicate weaning. In this case, prior unsuccessful weaning attempts are adequately documented, as is the need for opioid detoxification. However, there is already a plan in place for supportive weaning. This supervised weaning program has already been approved on 7/27/15 for six visits. The new request for opioid detoxification is superfluous request and is not medically necessary, as there is already a well developed supervised weaning plan in place.