

Case Number:	CM15-0190413		
Date Assigned:	09/30/2015	Date of Injury:	04/27/2012
Decision Date:	11/12/2015	UR Denial Date:	09/03/2015
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: 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:

This is a 61 year old male with a date of injury on 4-27-2012. A review of the medical records indicates that the injured worker is undergoing treatment for degeneration of lumbar or lumbosacral intervertebral disc, lumbar disc displacement without myelopathy and myofascial pain. Medical records (1-15-2015 to 8-24-2015) indicate ongoing low back pain. According to the Functional Restoration Program integrative summary report dated 8-24-2015 to 8-26-2015, the injured worker had completed 25 days of the program and "has done incredibly well." The injured worker had decreased his dose of Suboxone from 6mg to 3mg. He wanted to be completely detoxified. It was noted that the injured worker was a former multi-substance abuser. The injured worker lost about 30 pounds since he started the program. He also made progress in not having to use his cane as well as decreasing his Suboxone. Treatment has included aqua therapy, psychotherapy, the Functional Restoration Program and medications. Medications (4-16-2015) included Suboxone, Flexeril and Lyrica. The injured worker has been prescribed Suboxone since at least 8-19-2014. The request for authorization dated 8-28-2015 was for APPEAL: HELP Program. The original Utilization Review (UR) (9-3-2015) denied a request for a 10 day outpatient HELP detoxification program.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 day outpatient HELP detoxification 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under detoxification.

Decision rationale: The current request is for a 10-day outpatient HELP detoxification program. The RFA is dated 08/28/15. Treatment has included aqua therapy, psychotherapy, the Functional Restoration Program and medications. The patient is 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." ODG Guidelines, under the Pain chapter, discusses detoxification and recommends a medium duration of 4 days. Per report 08/26/15, the patient has completed the Functional Restoration Program and was noted to be doing "incredibly" well. The patient has decreased his dose of Suboxone from 6mg to 3mg, but expressed that he wanted to completely discontinue opioid medications. The treater requested authorization for a 10-day outpatient detoxification program. The patient does not appear to display any aberrant or dependent behaviors, and does not display any refractory psychiatric illness due to medication reductions. There is no discussion regarding lack of response to attempts at weaning. Therefore, traditional weaning of narcotic medications would be most appropriate for this patient. Furthermore, the patient is on Suboxone at already significantly reduced dose, a medication that do not typically require detoxification. The request is not medically necessary.