MAXIMUS Federal Services

Case Number:	CM15-0194624		
Date Assigned:	10/08/2015	Date of Injury:	05/08/1997
Decision Date:	11/16/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, 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 56 year old female sustained an industrial injury on 5-8-97. Documentation indicated that the injured worker was receiving treatment for chronic pain syndrome, cervical degenerative disc disease and myalgia. In a progress note dated 12-16-14, the injured worker complained of ongoing neck pain with radiation down bilateral arms associated with numbness and lumbar spine pain, rated 10 out of 10 on the visual analog scale without medications and 1 out of 10 with medications. Physical exam was remarkable for tenderness to palpation to the sternocleidomastoid, trapezius and rhomboid musculature with spasms and cervical spine range of motion: flexion 30 degrees, extension 10 degrees, right rotation 30 degrees and left rotation 40 degrees. The injured worker was trying to wean Ativan. The physician stated that he would begin to wean Zoloft after the Ativan wean was complete; however, the injured worker was requesting a very slow Ativan wean. The injured worker had previously taken 4mg per day and now to 3mg per day. The treatment plan included continuing Fentanyl and Zoloft and reducing Ativan to #80 and then #75 in January 2015 and attending chemical dependency meetings. In progress notes dated 1-13-15, 2-9-15, 4-10-15, 5-8-15 and 6-8-15, the injured worker's subjective complaints and objective findings remained the same. The injured worker was maintained on Fentanyl, Zoloft and a slow Ativan wean. In a progress note dated 8-31-15, the injured worker continuing constant neck pain with radiation down both arms associated with numbness and lumbar spine pain, rated 10 out of 10 on the visual analog scale without medications and 1 out of 10 with medications. Physical exam was unchanged. The physician noted that the injured worker had been stable on Fentanyl patch for many years with 50% pain relief. The injured

worker stated that she wanted to get off Ativan and Zoloft. The physician stated that the injured worker was currently weaning her Ativan. The treatment plan included continuing to wean Ativan by reducing to #45 per month from #48 and continuing Fentanyl at current dosing. The injured worker had been prescribed Fentanyl since at least 2005 and Ativan and Zoloft since at least December 2014. In a progress report dated 9-11-15, the nurse practioner stated that the injured worker appeared to be over-consuming. The nurse practioner further stated that the injured worker was overlapping her Duragesic patches on the 2nd day- likely getting double the dose on those days. The injured worker had admitted that she felt she was taking too much. The nurse practioner recommended a detoxification program. On 9-30-15, Utilization Review noncertified a request for 1 inpatient rehab detoxification program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Rehab Detox Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

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

Decision rationale: According to the guidelines detoxification is recommended for those with side effects to opioids, lack of improvement, abuse of medications, lack of response side effects, etc. In this case, the request for inpatient detoxification was not justified. Detoxification can be done as an outpatient. Rapid detoxification is not recommended by the guidelines. Length of inpatient program was not specified. Although there was concern of overlapping medications, other issues for detox criteria were not noted. The request for inpatient detoxification is not medically necessary.