

Case Number:	CM15-0196203		
Date Assigned:	10/09/2015	Date of Injury:	10/10/2007
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old female who sustained an industrial injury 10-10-07. A review of the medical records reveals the injured worker is undergoing treatment for chronic pain, lumbar intervertebral disc disease, sacrum disorders, arthralgia sacroiliac joint, chronic alcohol dependency, and opiate use disorder. Medical records (09-02-15) reveal the injured worker admits to a large amount of daily alcohol. The physical exam (09-02-15) is not documented. Prior treatment includes L5 total disc replacement, acupuncture, H wave, psychotherapy, medications, sacroiliac injection, a Functional Restoration Program, and cognitive behavioral therapy. The original utilization review (09-15-15) non certified the request for 36 sessions of intensive outpatient program + outpatient detox to include alcohol detox and Dilaudid detox with suboxone induction, stabilization and maintenance, 3 times per week for 12 weeks, 3 hours per session.

IMR ISSUES, DECISIONS AND RATIONALES

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

36 Sessions of Intensive Outpatient Program (IOP) + Outpatient Detox to include alcohol detox and Dilaudid detox with suboxone induction, stabilization and maintenance (3x/week for 12 weeks, 3 hours/session): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Detoxification (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Detoxification.

Decision rationale: The claimant sustained a work injury in October 2007 when she slipped on a wet floor while working as a cook with injury to the low back. In September 2015, she was using large amounts of alcohol to try to control her pain. She had a history of opiate use disorder with prior admissions for drug rehabilitation. She had a history of suicide attempt by overdose. Physical examination findings included appearing anxious and uncomfortable. Medications were adjusted. Ativan was prescribed. Suboxone induction and an intensive outpatient detoxification were requested for 12 weeks at three times per week. The process of detoxification includes evaluation, stabilization, and preparation of the patient for further treatment that should be specifically tailored to each patient's diagnostic needs. Evidence of abuse and/or dependence strengthens the rationale for complete withdrawal of all medications. There are no specific guidelines that have been developed for detoxification for patients with chronic pain. Programs typically run from one to three months in duration. In this case, intensive outpatient detoxification is medically necessary. The claimant has already failed prior attempts at drug detoxification and has co-morbid alcohol dependency. However, the duration of initial treatment is excessive and does not represent a decreased reliance on medical care. For this reason, the request is not considered medically necessary.