

Case Number:	CM15-0200790		
Date Assigned:	10/15/2015	Date of Injury:	05/14/2002
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/13/2015

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:

This is a 67 year old male who sustained an industrial injury on 5-14-2002. A review of the medical records indicates that the injured worker is undergoing treatment for cervical facet pain, cervical degenerative disc disease and chronic headaches due to neck pain. According to the submitted progress report (8-25-2015), the injured worker complained of persistent neck pain rated 7 out of 10. The injured worker reported to be trying to wean from hydrocodone, but he had been taking half tablets every two to three hours. He reported being in a constant withdrawal state. His neck pain was associated with frequent headaches on the right side. Objective findings (8-25-2015) revealed the injured worker to be alert, oriented and pleasant. There were spasms noted in the cervical paraspinal muscles and stiffness noted in the cervical spine. Treatment has included a home exercise program and medications. Current medications (8-25-2015) included Norco (since at least 2-2015) and Zolpidem. The request for authorization was dated 9-3-2015. The original Utilization Review (UR) (9-8-2015) denied a request for a detox program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Detox program: Upheld

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

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

Decision rationale: The claimant has a history of a work injury occurring in May 2000 and continues to be treated for neck pain with intermittent radiating symptoms. In June 2015 medications are referenced as decreasing pain with an increased activity level. Norco was being prescribed at a total MED (morphine equivalent dose) 40 mg per day. In July 2015 he had pain rated at 5/10. He was taking Norco 4-5 times per day and was having withdrawal symptoms. Tapering of Norco was started and 10/325 mg #90 was prescribed. When seen, he had persistent neck pain rated at 7/10. He reported being in a constant state of withdrawal. He was having frequent headaches. Physical examination findings included cervical paraspinal spasms and stiffness. There was bilateral cervical facet joint tenderness. There was decreased and painful cervical spine extension. His Norco dose was decreased to 10/325 mg #60. Authorization for a detox program was requested. Guidelines address the weaning of opioid medication. A slow taper is recommended and the longer the patient has taken opioids, the more difficult they are to taper. A suggested taper is 10% every 2 to 4 weeks. In this case, the claimant is taking Norco at a MED (morphine equivalent dose) of 40 mg or less. Although the claimant is having withdrawal symptoms, the primary treating provider would be expected to be able to manage these symptoms and adjust the rate of tapering if needed. Referral to an addiction specialist is an alternate option. A detox program is not medically necessary.