

Case Number:	CM15-0202422		
Date Assigned:	10/19/2015	Date of Injury:	10/04/2011
Decision Date:	12/07/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/14/2015

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: Pennsylvania, Ohio, 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 injured worker is a 64 year old male, who sustained an industrial injury on 10-04-2011. The injured worker was diagnosed as having cervical spondylosis. On medical records dated 08-18-2015, the subjective complaints were noted as neck and low back pain. Pain was noted as 2 out of 10 with medication and 7 out of 10 without medication. Objective findings were noted as significant guarding to the cervical spine with restricted painful movement noted in all planes over movement. The injured worker describes significant pain the cervical spine in any position. Treatments to date included medication and laboratory studies. The injured worker was noted to be temporarily totally disabled. Current medications were listed as Amitiza, Lyrica, Norco, MSContin, Colace, Miralax and Tramadol HCL. The Utilization Review (UR) was dated 09-28-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Detox program was non-certified.

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 Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Detoxification. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain (Chronic).

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

Decision rationale: MTUS recommends gradual detoxification when medication such as opioids is no longer medically necessary. However, in this case the records are unclear as to why the patient would require a formal detoxification program as opposed to gradual weaning of medications in-office. Therefore this request is not medically necessary as documented at this time.