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| Case Number: | CM15-0021578 | | |
| Date Assigned: | 02/11/2015 | Date of Injury: | 09/29/2001 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/28/2015 |
| Priority: | Standard | Application Received: | 02/04/2015 |

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: Texas, 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 is a 53 year old male patient, who sustained an industrial injury on September 29, 2001. The diagnoses have included lumbar facet syndrome, spinal cord stimulator implant, lumbar levoscoliosis, depression, chronic pain, sleep dysfunction and thoracic trigger points. Per the progress note dated January 19, 2015, he had complains of low back and right leg pain. He is also seen for psychiatric care. He rates his pain 8/10 without medication and a reduction of 50% with medication. Physical examination revealed tenderness throughout the lumbar spine, severe depression, decreased sensation in right L5 distribution. He has been unable to stop using medication and would like inpatient detoxification. The medications list includes opana ER, percocet, amitiza, ambien, fenoprofen, trazodone, pantoprazole, zanaflex and wellbutrin. He has had last urine drug screen on 7/28/14 which was consistent. Per the note dated 1/19/15, he has been unsuccessful in weaning of medications on an out patient basis. On January 28, 2015 utilization review non-certified a request for Inpatient detox program. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 4, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient detox program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Detoxification Page(s): Page 42 of 127.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines CA MTUS
"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."The current medication list includes opana ER, percocet, amitiza, ambien, fenoprofen, trazodone, pantoprazole, zanaflex and wellbutrin. Patient had severe depression. He has been unable to stop using medication and would like inpatient detoxification. He has had last urine drug screen on 7/28/14 which was consistent. Per the note dated 1/19/15, he has been unsuccessful in weaning of medications on an out patient basis. Therefore the request for an Inpatient detox program is medically appropriate and necessary for this patient.