

Case Number:	CM15-0024798		
Date Assigned:	02/17/2015	Date of Injury:	01/07/1999
Decision Date:	03/27/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/09/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 50 year old male, who sustained an industrial injury on 01/07/1999. Mechanism of injury is described as a slip and fall. The diagnoses have included status post fusion at L4 through S1 with hardware removal, failed intrathecal infusion pump, failed spinal cord stimulator and chronic opioid dependency. Noted treatments to date have included surgeries and medications. Diagnostics to date have included urine drug screen on 12/30/2014 which showed the presence of Hydromorphone, Morphine, Noroxycodone, Oxazepam, Oxymorphone, and Temazepam. In a progress note dated 12/30/2014, the injured worker presented with complaints of running out of all of his medications and in extreme pain. The treating physician reported recommending inpatient opiate detox to assess his true underlying pain and whether or not he has opioid induced hyperalgesia rather than an increase in medication. In noted dated 1/27/14, provider notes plan for weaning but documents continue concern for compliance. Note from 1/13/15 explains that provider is not able to properly wean patient off his meds without a detox program. Patient is noted to be continuing to run out of medications early despite being on a twice a month office visit schedule. Review of Qualified Psychiatrist report dated 9/8/14 revealed prior detox program on 11/2007 and potentially one other. Both attempts failed. There was attempt to switch patient to methadone in 2011 but that also failed. The patient appears intoxicated when examined. Patient has noted aberrant behavior with non-compliance with opioid regiment with noted overuse and failed 3 90-day detox programs. It is noted that the claimant has expressed no interest in following any of the rule or agreements concerning opioid use. Utilization Review determination on 01/13/2015 non-certified

the request for Inpatient Detox (3 Days), Follow Up Facility (4-5 Days), and Intensive Outpatient Programs (5 Days) citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient detox (3 days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dealing with misuse & addiction Page(s): 84-85. Decision based on Non-MTUS Citation ODG; Pain(Chronic); Detoxification

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. MTUS guidelines only related to weaning and assessment for signs of abuse. As per Official Disability Guidelines detoxification programs may be recommended if patient has signs of substance abuse or hyperalgesia. Patient has had at least 2 prior failed detox programs and patient does not have any signs of following through on the detox programs with active statements that lead to active opposition to detox from opioids. Despite provider's close monitoring of patient's medication use, there is no evidence that forcing detox on a patient that appears to be actively opposed and non-compliant with treatment will be successful. There is no documentation by provider as to why there is outpatient weaning cannot be attempted despite difficulties. Inpatient detox is not medically necessary.

Follow up facility (4-5 days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. MTUS guidelines only related to weaning and assessment for signs of abuse. As per Official Disability Guidelines detoxification programs may be recommended if patient has signs of substance abuse or hyperalgesia. Patient has had at least 2 prior failed detox programs and patient does not have any signs of following through on the detox programs with active statements that lead to active opposition to detox from opioids. Despite provider's close monitoring of patient's medication use, there is no evidence that forcing detox on a patient that appears to be actively opposed and non-compliant with treatment will be successful. There is no documentation by provider as to why there is outpatient weaning cannot be attempted despite difficulties. Inpatient detox/follow up facility is not medically necessary.

Intensive outpatient program (5 days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. MTUS guidelines only related to weaning and assessment for signs of abuse. As per Official Disability Guidelines detoxification programs may be recommended if patient has signs of substance abuse or hyperalgesia. Patient has had at least 2 prior failed detox programs and patient does not have any signs of following through on the detox programs with active statements that lead to active opposition to detox from opioids. Despite provider's close monitoring of patient's medication use, there is no evidence that forcing detox on a patient that appears to be actively opposed and non-compliant with treatment will be successful. There is no documentation by provider as to why there is outpatient weaning cannot be attempted despite difficulties. Intensive outpatient program is not medically necessary.