

<b>Case Number:</b>	CM15-0214255		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	06/03/1996
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: 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:

The injured worker is a 50 year old male who sustained an industrial injury on 6-3-96. A review of the medical records indicates that the worker is undergoing treatment for unspecified thoracic-lumbar neuritis-radiculitis, postlaminectomy syndrome lumbar region, lumbosacral spondylosis, brachial neuritis-radiculitis not otherwise specified, spinal stenosis in cervical region, and status post intrathecal pump implant. Subjective complaints (9-15-15) include the worker reports a desire to undergo narcotic detoxification. This has been suggested previously. It is noted, that for several years, the worker has reported greater than levels of 10 out of 10 pain 24 hours a day 7 days a week while appearing to be without distress. Ativan and Provigil had been added previously but he seems to be sleeping most of the day using oral narcotics while also on a morphine pump. The physician notes, that before writing the permanent and stationary report, one more attempt should be made to determine if the worker is serious about stopping opiate analgesics. Objective findings (9-15-15) include intermittently tearful, psychomotor behavior reveals poor eye contact, is poorly groomed, no apparent discomfort, appears somewhat psychomotor retarded, loss of significant animation, thoughts are goal oriented and without suggestion of thought disorder, mood appears to be very depressed, affect is flat, admits to suicidal ideation and plan and a strong desire to end his life, denies any specific intent to do so, insight and judgment noted as poor. Previous treatment includes medication, transcutaneous electrical nerve stimulation, and surgery. The requested treatment of 4 weeks of a detoxification program was non-certified on 10-1-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **4 Weeks of a detoxification program:** Upheld

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

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

**Decision rationale:** The patient was injured on 06/03/96 and presents with lumbar spine pain. The request is for 4 WEEKS OF A DETOXIFICATION PROGRAM. There is no RFA provided and the patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, Detoxification section, page 42 states: "Recommended as indicated below. 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. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms." The patient is diagnosed with unspecified thoracic-lumbar neuritis-radiculitis, postlaminectomy syndrome lumbar region, lumbosacral spondylosis, brachial neuritis-radiculitis not otherwise specified, spinal stenosis in cervical region, and status post intrathecal pump implant. The 09/15/15 treatment report states that the treater would like to make one more attempt to determine if [the patient] is serious about stopping opiate analgesics. He says that he is. In this case, the treater has not documented that the patient presents with intolerable side effects, lack of response, or aberrant drug behaviors with dependence, as required by the MTUS guidelines. There is no reason stated why the patient is unable to gradually and slowly wean off of medication on outpatient basis either. This request is not in accordance with guideline recommendations and therefore, IS NOT medically necessary.