

<b>Case Number:</b>	CM15-0217502		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	04/23/1996
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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: North Carolina  
 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 56 year old male sustained an industrial injury on 4-23-96. Documentation indicated that the injured worker was receiving treatment for chronic left leg and low back pain. The injured worker had been participating in a functional restoration program since 5-27-15. In a functional restoration program summary report dated 10-23-15, the injured worker had completed 22 days of the program. The physician noted that the injured worker had been making progress in weaning himself off opioid medications but "unfortunately increased the rate at which he elected to detoxify himself" and developed significant diarrhea. The physician noted that the injured worker had moved from a MED of over 400mg to 105mg. The treatment plan was continuing to wean while monitoring for diarrhea and malnutrition. The physician stated that he did not predictably believe that the injured worker would be able to hit the target of zero opioids by the end of the authorized 32 days of functional restoration program due to malnutrition and other medical issues. The physician recommended 10 Days outpatient detoxification services with the [REDACTED] for symptoms related to the lumbar spine. On 10-30-15, Utilization Review noncertified a request for 10 Days outpatient detoxification services with the [REDACTED] for symptoms related to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Days outpatient detoxification services with the [REDACTED] for symptoms related to the lumbar spine (low back): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

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

**Decision rationale:** The California MTUS section on detoxification 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. (Benzon, 2005) The patient is currently documented to be undergoing a detoxification program. The need for additional detoxification cannot be determined until completion of the current program. Therefore the request is not medically necessary.