MAXIMUS Federal Services

Case Number:	CM15-0030472		
Date Assigned:	02/24/2015	Date of Injury:	05/24/2007
Decision Date:	04/07/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/18/2015

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, Arizona
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 43-year-old male who reported an injury on 05/24/2007. The mechanism of injury occurred while operating a jackhammer on uneven ground. His diagnoses include lumbar degenerative disc disease, status post L5-S1 microlaminectomy, chronic low back pain, bilateral sciatic pain, pain related insomnia, situational depression and anxiety with some suicidal ideations, and urinary incontinence/retention. On 01/06/2015, the injured worker stated "I am depressed and I cannot function and I want to get off these drugs." His past treatments included surgery, spinal cord stimulator, and medications. The physical examination indicated the injured worker had consistent flat effect and near tearful periods with observation. The injured workers pain ranges were noted to be 4/10 to 8/10. The injured worker also indicated to have suicidal ideations, severe depression, anergia, psychomotor retardation, tearfulness, and loss of hope for the future. The injured worker was noted to be well oriented with no obvious cognitive deficits in attention or memory. He was also noted to be cooperative with obvious signs of delusions, hallucinations, panic, anxiety disorder, OCD, or other significant psychopathology upon examination. His current medications were noted to include Norco 10/325 mg, Flexeril 10 mg, Lyrica 75 mg, ibuprofen 800 mg, Zantac 150 mg, Senna 8.6 mg, Flomax 0.4 mg, and cortisol cream. The documentation also indicated there was an absence of psychosis. However, there was a present of tendencies toward social isolation, somatic focus, and persistent pain that would likely benefit from comprehensive biophysical functional restoration. His treatment plan included a complete detox over 8 to 10 week period with residential treatment. A Request for Authorization form was received on 01/09/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete detox over eight to ten week period residential treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California MTUS Guidelines, detoxification is recommended for persons with a specific psychoactive substance indicated for withdrawal. These indications include: Intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric Illness, or lack of functional improvement. Furthermore, the guidelines indicate that gradual weaning is recommended for long term opioid users, as opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The injured worker was indicated to have psychological factors related to his industrial injury from 2007. The injured worker was also noted to have severe depression, dysfunction, and suicidal ideations. The physical examination also indicated the injured worker had refractory comorbid psychiatric illnesses along with lack of functional improvement and a lack of response. Based on the above, the request for detoxification would be medically necessary and appropriate.