

<b>Case Number:</b>	CM15-0037754		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	11/24/2003
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 41 year old male, who sustained an industrial injury on November 24, 2003. He has reported a back and bilateral knee injury. The diagnoses have included multilevel lumbar disc protrusion status post lumbar fusion, and bilateral lower extremity L5 radiculopathy. Treatment to date has included epidural injections, physical therapy, surgery, and medications. Currently, the IW complains of low back pain with radiation into the knees, and associated numbness and tingling in the legs. The provider requested inpatient detoxification "to wean in a humane fashion" in case his medications were not authorized by the carrier. On January 29, 2015, Utilization Review non-certified inpatient detoxification for 7 days. The cited guidelines were not available for this review. On February 27, 2015, the injured worker submitted an application for IMR for review of inpatient detoxification for 7 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient Detoxification x 7 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the 01/13/2015 progress report, this patient presents with "ongoing pain in the low back and bilateral knees radiating into the legs." The current request is for inpatient detoxification for 7 days "for this patient to tolerate the weaning process in a humane fashion." The request for authorization is on 01/13/2015. The patient's work status is "Deferred to primary treating physician." The MTUS Guidelines page 42 recommend detoxification for intolerable side effects, lack of response, aberrant drug behaviors with dependence, refractory comorbid psychiatric illness or lack of functional improvement. ODG further states for length hospital stay, best practice target with no complication is 4 days. In reviewing the provided reports, the treating physician indicates recent UDS and CURES reports are "consistent with medications prescribe." In this case, the treating physician failed to document that the patient presents with "intolerable side effects, lack of response, aberrant drug behaviors with dependence, refractory comorbid psychiatric illness or lack of functional improvement" as required by the MTUS guidelines. Furthermore, the requested 7 days Detoxification exceed what is allowed by the guidelines. The ODG guidelines support up to 4 days of in-patient detoxification. Therefore, this request IS NOT medically necessary.