

<b>Case Number:</b>	CM15-0043866		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	01/29/1999
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 49-year-old male who reported an injury on 01/29/1999. The mechanism of injury was not specifically stated. The current diagnoses include arthritis of the right shoulder, arthritis of the left shoulder as a compensatory consequence, chronic low back pain, status post lumbar fusion, and internal derangement of the right knee with tricompartmental osteoarthritis and a medial meniscus tear. The injured worker presented on 01/26/2015 for a follow up evaluation with complaints of bilateral shoulder pain as well as low back pain. The injured worker utilized a cane for ambulation assistance as well as a right knee brace. It was noted that the injured worker had not participated in a home exercise program secondary to pain. It was also noted that the injured worker had discontinued the use of OxyContin and was only utilizing Norco. On 01/26/2015, the pain management physician reportedly indicated that the injured worker had been able to cut back on pain medication by 50%. There was no physical examination provided on that date. The current medication regimen also included Voltaren gel, Lexapro, Celebrex, Prevacid, Lidoderm 5% patch, diazepam, and Soma. It was also noted that the injured worker had been issued authorization for a spinal cord stimulator which provided an improvement of symptoms in the low back and lower extremity. Orthovisc injections also helped with knee pain. The injured worker was having difficulty with complete detoxification. Therefore, the provider requested a medical detox for the injured worker as well as a psychiatric evaluation to assist with chronic depression related to pain. The injured worker was instructed to

continue with the home exercise program and pain management follow up visit. There was no Request for Authorization form submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Medical Detox:** 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); Pain, Detoxification.

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

**Decision rationale:** California MTUS Guidelines recommend detoxification when there is evidence of intolerable side effects, lack of response, aberrant drug behavior, refractory comorbid psychiatric illness, or a lack of functional improvement. A gradual weaning is recommended for long term opioid users because opioids cannot be abruptly discontinued without probable risk or withdrawal symptoms. In this case, the injured worker was noted to be utilizing prescribed medications. Appropriate action for reducing prescribed medications is by providing a slow taper and a slow decrease in the prescribed medications on a week by week basis. The injured worker was noted to be compliant with the slow taper of Norco. Therefore, the medical necessity for a medical detox has not been established. As such, the request is not medically appropriate at this time.