

Case Number:	CM15-0050025		
Date Assigned:	03/23/2015	Date of Injury:	09/27/2007
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/17/2015

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, Pain Management

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 52 year old male, who sustained an industrial injury on 09/27/2007. Initial complaints reported included severe low back pain, bilateral leg pain, sharp neck pain, and sharp pain and numbness in the bilateral hands and wrist. The initial diagnoses were not mentioned. Treatment to date has included conservative care, medications, lumbar interbody fusion at L4-S1 (06/25/2009), removal of hardware with revision of fusion (01/2011), spinal cord stimulator trial, right lower extremity fasciotomy, physical therapy, chiropractic manipulation, injections, electrodiagnostic testing, x-rays, MRIs, conservative therapies, and psychological/psychiatric therapy. Currently, the injured worker complains of ongoing difficulty with pain in the neck, bilateral hands, mid back, low back and right lower extremity. The injured worker reported an overall pain level of 9/10 without medications which was reduced to 3/10 with medications. The pain was described as burning, aching, throbbing, tingling, tightness, spasms, numbness, tenderness, swelling and weakness. Current diagnoses include bilateral carpal tunnel syndrome, status post lumbar fusion, status post right lower extremity fasciotomy for compartment syndrome, status post removal of hardware and revision of fusion, status post spinal cord stimulator trial, and right rib fracture - status post fall (09/02/2012). The treatment plan consisted of a request for inpatient hospitalization for detoxification (4 weeks) as the injured workers medications have been denied by the utilization review multiple times and will be discontinued, and due to the injured worker having been on high dose opioid medications for some time. A progress report dated Dec 4, 2014 states that the patient's medications are improving his pain and function and without them he would have significant difficulty tolerating

activities of daily living. There are no intolerable side effects or aberrant behaviors. The lowest dose of medications being prescribed and there is ongoing review and documentation of pain relief, function status, appropriate medication use, and side effects. A progress report dated January 29, 2015 states that the patient's medicines have been denied through independent medical review and therefore request inpatient detox since he has been a high-dose opioids for some time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient hospitalization for 4 weeks for detoxification from opioids: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 42 of 127.

Decision rationale: Regarding the request for inpatient detox, California MTUS supports detoxification for indications including Intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Within the documentation available for review, the provider recommended inpatient detox but there is no indication of any significant complications after a trial of weaning or another clear rationale for formal detoxification rather than gradual weaning. Furthermore, if the patient has failed attempts at weaning gradually, there is no statement indicating why 4 weeks of detoxification would be required for this particular patient. In the absence of such documentation, the currently requested inpatient detox is not medically necessary.