

<b>Case Number:</b>	CM15-0055267		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	11/07/1993
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 65 year old male, who sustained an industrial injury on 11/17/1993. Diagnoses include headache, cervicgia, cervical sprain/strain, cervical radiculopathy, lumbar radiculopathy, lumbar spinal stenosis and status post L4-5 lumbar fusion. Treatment to date has included medications. Per the Secondary Treating Physician's Progress Report dated 12/22/2014 the injured worker reported a persistent headache rated 8/10 and constant neck pain radiating distally down the bilateral upper extremities rated as 7/10. He has constant severe low back pain rated as 5/10 radiating to the bilateral lower extremities with numbness and tingling in both legs. Physical examination revealed limited cervical range of motion and tenderness to palpation along the cervical spine. There was tenderness to palpation along the trapezius muscles bilaterally with palpable spasms. The plan of care included, and authorization was requested, for medications, urine drug screening, follow up care and a detoxification program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Detoxification program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Detoxification.

**Decision rationale:** The patient presents with headaches rated at 8/10, neck pain radiating to upper extremities rated at 7/10, and low back pain rated at 8/10. The request is for Detoxification Program. The request for authorization is dated 02/24/15. The patient is status-post lumbar fusion, date unspecified. Status-post 3 left shoulder surgery, date unspecified. Status-post lumbar epidural steroid injection, 09/2011. Status-post cortisone injections to both shoulders, 07/12/2012. The patient is to continue with current conservative treatment protocol as outlined by his primary treating physician. The patient's medications include Percocet, Norco, Omeprazole and Cyclobenzaprine. UDS reports dated, 06/18/14 and 07/16/14, show inconsistent results. The patient's work status is not provided. MTUS Guidelines, page 42, under the topic Detoxification, discusses detoxification and states it is 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: intolerable side effects, lack of response, aberrant behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. MTUS Guidelines do not discuss the duration or frequency of the program. However, Official Disability Guidelines, under the pain chapter, discusses detoxification and recommends a medium duration of 4 days. Per progress report dated, 12/03/14, provider's reason for the request is "he is unable to wean off the narcotic medication on his own." The patient is prescribed narcotic medications Percocet and Norco. Per toxicology report dated, 06/18/14, Tramadol is positive but it is not prescribed. Per toxicology report dated, 07/16/14, Oxycodone is negative but it is prescribed, and Meprobamate is positive but is not prescribed. Based on repeated inconsistent UDS results, it would appear that a detoxification program may be appropriate for the patient. However, the provider does not provide any specific information regarding the program, what it entails, and if for an outpatient/inpatient setting. Additionally, the provider does not document the patient with intolerable side effects, lack of response, refractory comorbid psychiatric illness or lack of functional improvement. Furthermore, the request is for an unspecified duration, but Official Disability Guidelines only recommend a medium duration of 4 days. Therefore, the request IS NOT medically necessary.