

Case Number:	CM15-0083317		
Date Assigned:	05/05/2015	Date of Injury:	03/08/2012
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/01/2015

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

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 39-year-old male, who sustained an industrial injury on March 8, 2012, incurring back injuries after a fall from a ladder. He was diagnosed with lumbar spinal stenosis, lumbar radiculopathy, and lumbar degenerative disc disease. He underwent a lumbar laminectomy and lumbar fusion. Treatment included physical therapy, pain medications, narcotics and antidepressants. Currently, the injured worker complained of depression and anxiety with overuse of his pain medications. He has limited family support, homeless and has no money. The treatment plan that was requested for authorization included Narcotic detoxification for depression with a one day inpatient stay. There is no documentation of medical instability, need for rapid withdrawal or discussion and agreement with this individual.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcotic detoxification for depression with one day inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American Society of Addiction Medicine; ASAM Patient Placement Criteria for the Treatment of Substance - Related Disorders, Third Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31, 32. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Rapid Detox/Weaning of Opioids.

Decision rationale: Guidelines do not recommend a quick detoxification of opioid medications under most circumstances. Guidelines also do not recommend inpatient or quick detoxification as medically necessary unless there are exceptional circumstances of medical instability. The requesting physician does not provide adequate justification for an exception to Guideline recommendations. In addition, it is not clear if this individual is in-agreement and supports the treatment plans. Under these circumstances, the Narcotic detoxification for depression with one day inpatient stay is not supported by Guidelines and is not medically necessary.