

<b>Case Number:</b>	CM13-0009229		
<b>Date Assigned:</b>	09/12/2013	<b>Date of Injury:</b>	12/07/2009
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 60 year old male who reported an injury on 12/07/2009. The mechanism of injury was not provided. The patient 's compensable injuries include left hand thumb repair, right ankle tendon repair, right knee patellar fracture, and anteriorposterior fusion, location unspecified. He is permanent and stationary with permanent disability. The patient has been taking approximately 5 tabs of Norco daily (strength unspecified) since after his fusion in 2011. He has attempted several times to wean himself off of the medication, as he has experienced unwanted side-effects, validated by his wife. The attempts to wean himself off of the medication resulted in approximately 5 hospitalizations and included withdrawal symptoms such as extreme Gastrointestinal (GI) upset and Atrial Fibrillation requiring intervention. The patient has expressed a strong desire to cease dependence on the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Detoxification with Functional Restoration Program (unspecified frequency/duration):**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34.

**Decision rationale:** The California MTUS Guidelines state that a functional rehabilitation program for opioid users is indicated if an adequate and thorough evaluation has been performed. This was included in the medical records, dated 08/06/2013 and indicated specific length, frequency, and treatment goals to be achieved during the detoxification treatment. Previous attempts at weaning the patient off the medication in an office setting have been unsuccessful and resulted in intolerable gastric upset and atrial fibrillation that required medical intervention. It is documented on numerous occasions, notably 07/08/2013, 08/05/2013 and 08/06/2013, that the patient is eager and motivated to stop the use of the narcotics. Therefore, the request is certified.