

Case Number:	CM13-0046056		
Date Assigned:	12/27/2013	Date of Injury:	07/26/2010
Decision Date:	09/19/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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/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 injured worker is a 41-year-old male who reported an injury on 07/26/2010 due to a heavy lift at work. The injured worker was diagnosed with depressive disorder not otherwise specified, lumbar degenerative disc disease, lumbar spondylolisthesis and chronic lumbar spondylosis. Prior treatment includes physical therapy, chiropractic care, acupuncture, psychiatric treatment, and biofeedback. Prior diagnostic studies include a lumbar CT myelogram. The injured worker saw a psychiatrist on 01/31/2013. The physician reported a Global Assessment of Function Study of 64 indicating depression. The injured worker was compliant during the study and the physician noted sadness and depression. The physician also noted the injured worker was motivated to return to work with the aid of psychiatric help. On 02/20/2013, the injured worker reported lumbar spine pain that was constant radiating to the left lower extremity with numbness and tingling. Injured worker stated pain was 5/10. The physician noted no change to L5-S1. There was tenderness upon palpation to the paraspinal muscles with muscle spasm noted. There was decreased range of motion to the lumbar spine. The injured worker was taking tizanidine, hydrocodone, naproxen, omeprazole, and a sleep aid. The physician's treatment plan was to continue with medications, continue with home exercises, perform a drug urine screen, and seek pain management detoxification program for the injured worker. The Request for Authorization Form and the rationale were not provided with these documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

A PAIN MANAGEMENT DETOXIFICATION PROGRAM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for a pain management detoxification program is non-certified. California MTUS guidelines for opioids recommend a slow taper. The longer the patient has taken opioids, the more difficult they are to taper. The process is more complicated with medical comorbidity, older age, female gender, and the use of multiple agents. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Patients with complex conditions with multiple comorbidities (including psych disorders) should be referred to an addiction medicine/psychiatry specialist. The provider notes obtaining drug urine screens at each office visit; however, results were not documented to determine aberrant drug taking behaviors. There was no trial and failure of weaning off medications documented to support the requested pain management detoxification program. The request as submitted failed to provide the frequency and duration of the program. As such, the request is non-certified.