

Case Number:	CM14-0111079		
Date Assigned:	08/01/2014	Date of Injury:	10/16/2004
Decision Date:	09/19/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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, has a subspecialty in Pain Management 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 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:

According to the records made available for review, this is a 57-year-old male with a 10/16/04 date of injury. At the time (6/19/14) of request for authorization for Addictionology treatment x 6 visits, there is documentation of subjective (bilateral knee pain rated 10/10, pain worse with activity, numbness, dizziness) and objective (ambulates with single point cane, appears fatigued) findings, current diagnoses (degenerative joint disease knee, chronic pain syndrome, carpal tunnel syndrome, and narcotic dependence), and treatment to date (medications (including Oxycodone 5 mg 4 tabs QD, and Lyrica)). 6/11/14 medical report identifies a request for addictionology treatment for 6 sessions for assistance with weaning of medication. There is no documentation of active signs of relapse to addiction or new-onset addiction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Addictionology treatment x 6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dealing with misuse & addiction Page(s): 84.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of active signs of relapse to addiction or new-onset addiction, as criteria necessary to support the medical necessity of referral to an addictionologist. Within the medical information available for review, there is documentation of diagnoses of degenerative joint disease knee, chronic pain syndrome, carpal tunnel syndrome, and narcotic dependence. However, there is no documentation of active signs of relapse to addiction or new-onset addiction. Therefore, based on guidelines and a review of the evidence, the request for Addictionology treatment x 6 visits is not medically necessary.