MAXIMUS Federal Services

Case Number:	CM14-0129878		
Date Assigned:	08/20/2014	Date of Injury:	06/02/2009
Decision Date:	09/30/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records indicate the claimant is a 61 year old male who sustained a work injury on 06/02/2009. This claimant has neck pain with radiation to the upper extremities with numbness and tingling. His condition is changed with pain 7/10. The claimant reports his pain is moderate to severe. The claimant reports flare ups of lumbar spine, patellar upper extremities, left shoulder, left hip and left ankle. The claimant's current medications included Ultram, Temazepam, and Neurontin. He had a urine drug test (UDT) that was positive for marijuana metabolites. He discontinued Norco. On exam, the claimant had tenderness to palpation over paravertebral muscles. Spurling's was positive on the left. Range of motion of the cervical spine is decreased. Sensation was decreased at C6 dermatome. Exam of het lumbar spine, left shoulder, left hip and left ankle remains unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assessment/Evaluation for Detoxification Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - detoxification.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes weaning of medications, for opioids a slow taper is recommended. 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. ODG notes that detoxification is most commonly recommended when there is evidence of substance misuse or abuse, evidence that medication is not efficacious, or evidence of excessive complications related to use. Based on the records provided, this claimant has discontinued Norco and is currently on Temazepam and Ultram. However, there is an absence in documentation noting that attempts of weaning off his current medications have been performed. Furthermore, it is noted that the claimant had a UDT that was positive for marijuana metabolites. Therefore, the medical necessity for assessment/evaluation for detoxification program is not established. The request for an Assessment/Evaluation for Detoxification Program is not medically necessary.