

<b>Case Number:</b>	CM14-0134746		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	04/18/2011
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 47 year-old female was reportedly injured on 4/18/2011. The mechanism of injury is not listed in these records reviewed. The claimant previously underwent an anterior-posterior lumbar fusion at L4-S1. The most recent progress notes dated 5/22/2014 and 7/24/2014, indicates that there are ongoing complaints of low back pain. Physical examination demonstrated low back surgery scars; severe intractable LS pain; muscular spasms paraspinal; walks with support. An MRI of the lumbar spine demonstrated a solid fusion from L4-S1; disk degeneration at L2-L3 with an annular tear. Previous treatment includes physical therapy, epidural steroid injections, Toradol injections and medications to include Percocet and OxyContin. A request had been made for detox program, which was not certified in the utilization review on 3/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Detox Program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42, 102, 124 of 127..

**Decision rationale:** MTUS treatment guidelines support detoxification programs as an option for certain patients who have repeated violations of their pain contract, previous history of abuse and/or misuse, or aberrant drug behaviors. The guidelines do not support rapid detoxification and recommend a gradual weaning for long-term opioid users to decrease the risk of withdrawal symptoms. Review of the available medical records, documents chronic back pain after a work-related injury 2011; however, there is no recent documentation of failure to a gradual weaning program or high risk aberrant drug behavior. As such, the request for a formal detoxification program is not considered medically necessary.