

<b>Case Number:</b>	CM14-0143910		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/09/1996
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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:

The medical records reflect the claimant is a 54 year old male who sustained a work injury in 1996. The claimant reports going right shoulder pain and low back pain. The claimant is status post right shoulder surgery and several surgeries to the left wrist in the past. He has undergone bilateral carpal tunnel releases. An office visit on 7-24-14 notes the claimant has been using large amounts of Tylenol #4 approximately 7-8 pills per day. He has tried Butrans and found it effective. However, the claimant had skin reactions. The claimant reports significant GI distress due to the use of medications. He has been treated with medications, chiropractic therapy. He rates his pain as 7/10. The treating doctor recommended switching the claimant to other type of medications such as Nucynta and Opana in both immediate release and extended release forms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Narcotic detoxification program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines notes that detoxification is recommended as indicated below. "Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. May be necessary due to the following: (1) Intolerable side effects, (2) Lack of response, (3) Aberrant drug behaviors as related to abuse and dependence, (4) refractory comorbid psychiatric illness, or (5) Lack of functional improvement. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms." This claimant is on large doses of Tylenol #4. There has been an absence in documentation noting this claimant has had a complete evaluation or that other treatment options/alternative medications have been attempted. Therefore, the medical necessity of this request is not established.