

<b>Case Number:</b>	CM14-0160526		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	09/13/2006
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Preventive Medicine 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 44-year-old male with a 9/13/06 date of injury. At the time (9/8/14) of request for authorization for Inpatient Detox off all scheduled medications including Percocet and Soma, there is documentation of subjective (severe low back pain radiating to the right leg and into the foot with weakness) and objective (tenderness to palpation from the mid lumbar spine to the sacrum, decreased lumbar range of motion, tenderness over the right sacroiliac joint with positive compression test, 4/5 strength in the all muscle groups of the right leg, and positive straight leg raise test on the left) findings, current diagnoses (chronic failed back syndrome following multiple lumbar surgeries and unexpected urine drug screen results concerning for opioid dependence and use of other illicit drugs), and treatment to date (ongoing therapy Percocet and Soma). Medical report identifies an inconsistent urine drug screen (7/14/14) with results of Oxycodone and Soma absent (unexpected result) and Cocaine metabolite detected. In addition, medical report identifies a consistent ██████████ report (9/8/14) showing no signs of doctor shopping and that the patient denies symptoms of narcotic withdrawal. There is no documentation of a condition/diagnosis for which detoxification is indicated (intolerable side effects; lack of response; aberrant drug behaviors as related to abuse and dependence; refractory comorbid psychiatric illness; or lack of functional improvement).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient Detox off all scheduled medications including Percocet and Soma: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification, Page(s): 76.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of a condition/diagnosis for which detoxification is indicated (such as: intolerable side effects; lack of response; aberrant drug behaviors as related to abuse and dependence; refractory comorbid psychiatric illness; or lack of functional improvement), as criteria necessary to support the medical necessity of detoxification. In addition, MTUS identifies that detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. Within the medical information available for review, there is documentation of diagnoses of chronic failed back syndrome following multiple lumbar surgeries and unexpected urine drug screen results concerning for opioid dependence and use of other illicit drugs. In addition, there is documentation that detoxification is indicated for withdrawing a person from a specific psychoactive substance (Percocet and Soma). However, despite documentation of an inconsistent urine drug screen (7/14/14) with results of Oxycodone and Soma absent (unexpected result) and Cocaine metabolite detected, and given documentation of a consistent [REDACTED] report (9/8/14) showing no signs of doctor shopping and that the patient denies symptoms of narcotic withdrawal, there is no documentation of a condition/diagnosis for which detoxification is indicated (intolerable side effects; lack of response; aberrant drug behaviors as related to abuse and dependence; refractory comorbid psychiatric illness; or lack of functional improvement). Therefore, based on guidelines and a review of the evidence, the request for Inpatient Detox off all scheduled medications including Percocet and Soma is not medically necessary.