

Case Number:	CM14-0164996		
Date Assigned:	10/10/2014	Date of Injury:	04/16/2008
Decision Date:	11/13/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, neck, and low back pain reportedly associated with an industrial injury of April 16, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; unspecified amounts of physical therapy; adjuvant medications; opioid therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated September 21, 2014, the claims administrator denied a two-week detoxification program to wean the applicant off of opioids. The claims administrator suggested that the applicant should undergo a comprehensive evaluation before the formal detoxification program was sought. The applicant's attorney subsequently appealed. In an August 22, 2014 progress note, the applicant reported persistent complaints of shoulder and neck pain. The applicant was not currently employed, it was acknowledged. 8/10 pain was noted. The applicant was using Norco, Motrin, Pamelor, and Flexeril. Permanent work restrictions were renewed. The applicant was not working with said permanent limitations in place. The attending provider posited that the applicant's pain complaints should be addressed through an interdisciplinary program to optimize medication management and physical rehabilitation. The attending provider complained that the claims administrator had not reportedly responded to the earlier request for authorization for a detoxification program. It was stated that the applicant was using Norco twice daily on this occasion. In a July 26, 2014 progress note, it was stated that the applicant was using Nortriptyline three times daily and Norco twice daily. A formal detoxification program was sought while Norco and Motrin were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription request for Detox program to wean off opioids for two weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids detoxification Page(s): 42, 102, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications topic. Page(s): 124.

Decision rationale: While page 124 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that high-dose abusers or those with polydrug abuse issues may need "inpatient detoxification," in this case, however, the applicant is not a high-dose drug user. The applicant is using two tablets of Norco daily. It is not clearly stated why the applicant cannot wean off of Norco of her own accord and/or through conventional outpatient office visits as opposed to via the proposed formal detoxification program. Therefore, the request is not medically necessary.