

Case Number:	CM14-0165602		
Date Assigned:	10/10/2014	Date of Injury:	02/19/2013
Decision Date:	11/12/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/08/2014

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, has a subspecialty in Interventional Spine 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 patient is a 33 year old with an injury date on 2/19/13. Patient complains of low lumbar pain with spasm, bilateral buttock pain, and bilateral leg pain per 7/31/14 report. Patient is currently taking Valim, Edluar, and Norco per 7/31/14 report. Based on the 8/29/14 progress report provided by [REDACTED] the diagnoses are: 1. lower back pain 2. pain medication use 3. gastritis secondary to excessive use of pain medication 4. insomnia Exam on 8/29/14 showed "L-spine range of motion limited with 10 degrees of extension. Positive straight leg raise test." [REDACTED] is requesting substance abuse intervention drug detox x 10 days, residential treatment substance x 20 days, and urine analysis 2.5x/week 10 tests, 10 panels. The utilization review determination being challenged is dated 9/9/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/31/14 to 8/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Substance Abuse Intervention/Drug Detox x10 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Rapid Detox Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Rapid detox; Detoxification Page(s): 102; 43. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Pain chapter, Detoxification

Decision rationale: This patient presents with lower back pain, bilateral buttock pain, and leg pain. The treater has asked for substance abuse intervention drug detox x 10 days. The 7/31/14report clarifies: "At the minimum he will require three to five days [of inpatient detox]. He may even require additional." Regarding Rapid detox MTUS states not recommended. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. ODG guidelines states, "There are no specific guidelines that have been developed for detoxification for patients with chronic pain. This intervention does not constitute complete substance abuse treatment." In this case, the patient is long-time user of opioids with diagnosis of "excessive use of pain medication" and the requested substance abuse detox program for 10 days appear reasonable. ODG advocates individualized treatments based on their needs. Recommendation is for authorization.

Residential treatment substance x20 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Rapid detox; Detoxification Page(s): 102; 43. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Pain chapter, Detoxification

Decision rationale: This patient presents with lower back pain, bilateral buttock pain, and leg pain. The treater has asked for residential treatment substance x20 days. Regarding rapid detox MTUS states not recommended. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. ODG has the following: "There are no specific guidelines that have been developed for detoxification for patients with chronic pain. This intervention does not constitute complete substance abuse treatment." In this case, the patient is recommended for the requested 10 day drug detox program. The current request is for residential treatment for 20 days, but the treater does not explain why a residential treatment is required, in addition to the requested detox program. MTUS supports gradual weaning and for detox program and ODG states that there is no specific guidelines. Gradual weaning of medication can be achieved slowly via office visitations. The requested detox program for 10 days are recommended but the requested residential 20 day treatment does not appear warranted. Recommendation is for denial.

Urine analysis 2.5p/weeks 10 tests, 10 panels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Chronic Pain: Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Rapid detox; Detoxification Page(s): 102; 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Detoxification

Decision rationale: This patient presents with lower back pain, bilateral buttock pain, and leg pain. The treater has asked for urine analysis 2.5x/week 10 tests, 10 panels. Patient is currently taking Norco. It is not known when the most recent urine drug screen was administered to this patient, according to review of reports. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. In this case, the treater has asked for some 2.5x/wk of UDS's. The request itself is open ended. Frequent UDS's may be required to ensure proper tapering of the opiates but the treater's request does not specify for how long. ODG allows up to 3-4 times per year for high risk patients. There is no specific guidelines for frequency of UDS's during detox program. The request appear excessive. Recommendation is for denial.