

<b>Case Number:</b>	CM14-0165618		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	07/03/2010
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 64-year-old male who reported an injury on 07/03/2010 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his low back. The injured worker was evaluated on 08/15/2014. The injured worker's medications included Norco 10/325 mg 4 times a day as needed for pain. Physical examination findings included back spasming, a positive straight leg raising test, and a negative Faber test. The injured worker's diagnoses included chronic back pain, spondylolisthesis at the L4-5, and morbid obesity. A request was made for a drug detoxification program to remove Norco from the patient's medication schedule. It was documented that the patient would have difficulty weaning himself off the medication. No Request for Authorization was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient 30 day substance abuse intervention drug detox residential treatment Body part :**  
**L/S: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42. Decision based on Non-MTUS Citation ODG Treatment in Workers' Comp, 12th edition, Detoxification ODG hospital length of stay (LOS) guidelines: Drug Detox

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Hospital Length Of stay

**Decision rationale:** The request for inpatient 30 day substance abuse intervention drug detox residential treatment body part: l/s is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends detoxification due to intolerable side effects, a lack of response, aberrant behaviors, and lack of functional improvement. Gradual weaning is recommended for long time users. There is no documentation that the patient has failed to respond to a gradual weaning program supervised by the injured worker's prescribing physician. There is no discussion of why the injured worker requires weaning or detoxification from Norco. Official Disability Guidelines recommend a 4 day inpatient stay for a detoxification program. The request exceeds this recommendation. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the request for inpatient 30 day substance abuse intervention drug detox residential treatment body part: l/s is not medically necessary or appropriate.