

Case Number:	CM14-0167840		
Date Assigned:	10/15/2014	Date of Injury:	08/31/2003
Decision Date:	11/18/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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:

There were 176 pages provided for this review. There was an application for independent medical review signed on October 9, 2014. The patient is described as a 65-year-old man injured back in the year 2003. As of September 11, 2014, the patient's subjective findings included that the worst pain was in the hips and the feet bilaterally. He was not swimming anymore. He was not keeping track and took an increased amount of Norco at eight per day. He recently started drinking again and was involved in a DUI. He was not taking ibuprofen. He complained of low back, feet and leg pain at 5 to 6 out of 10. Objective findings included tenderness to palpation in the bilateral lumbar spine, bilateral sacroiliac joints and bilateral piriformis muscles. The Segue test was negative and no spasms were present. The previous reviewer noted the California MTUS does note that detoxification is recommended if there are aberrant drug behaviors. Guidelines indicate that a consult with a physician that is trained in addiction is recommended first though to assess possible detoxification. No such consultation was noted in the records. Also, although the Butrans may be indicated, the provider did not specify the dose and quantity of the medicine leading to non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

One drug and alcohol detox program: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Detoxification programs.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes under Detoxification programs in the pain section that they are most commonly recommended when there is evidence of substance misuse or abuse, evidence that medication is not efficacious, or evidence of excessive complications related to use. Detoxification is defined as a medical intervention that manages a patient through withdrawal syndromes. While the main indication as related to substance-related disorders is evidence of aberrant drug behaviors, other indications for detoxification have been suggested. These include the following: (1) Intolerable side effects; (2) Lack of response to current pain medication treatment (particularly when there is evidence of increasingly escalating doses of substances known for dependence); (3) Evidence of hyperalgesia; (4) Lack of functional improvement; and/or (5) Refractory comorbid psychiatric illness. In this case, there was not an addictionologist specialist assessment suggested under the guides. Moreover, strong aberrant drug behaviors are not noted, nor are intolerable side effects. There is some benefit from the medicine, but not significant. There is no documentation of refractory comorbid psychiatric illness. Therefore, the request for one drug and alcohol detox program is not medically necessary and appropriate.

Butrans (unknown prescription): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

Decision rationale: The MTUS notes this medicine is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, there is no information it is being used post detoxification. Moreover, the frequency and dosage was not provided. The request does not meet MTUS criteria for the use of this special opiate medication, and therefore, Butrans (unknown prescription) is not medically necessary and appropriate.