

Case Number:	CM14-0176749		
Date Assigned:	10/30/2014	Date of Injury:	10/02/2014
Decision Date:	12/05/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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:

According to the records made available for review, this is a 46-year-old male with a 10/2/14 date of injury. At the time (10/8/14) of request for authorization for 30 days of an outpatient alcohol and drug rehabilitation program, there is documentation of subjective (post traumatic stress disorder) and objective (not specified) findings, current diagnoses (adjustment disorder, alcohol abuse, post traumatic stress disorder, and opioid dependence), and treatment to date (medications (including ongoing treatment with Tramadol)). There is no documentation of an indication for preparation for further treatment that is specifically tailored to the patient's specific diagnostic needs.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 days of an outpatient alcohol and drug rehabilitation program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Detoxification

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. In addition, ODG identifies documentation of the process of detoxification including evaluation, stabilization, and preparation of the patient for further treatment that should be specifically tailored to each patient's diagnostic needs, as additional criteria to support the medical necessity for detoxification. Within the medical information available for review, there is documentation of diagnoses of adjustment disorder, alcohol abuse, post traumatic stress disorder, and opioid dependence. In addition, there is documentation of a condition/diagnosis for which detoxification is indicated (refractory comorbid psychiatric illness). However, there is no documentation of an indication for preparation for further treatment that is specifically tailored to the patient's specific diagnostic needs. Therefore, based on guidelines and a review of the evidence, the request for 30 days of an outpatient alcohol and drug rehabilitation program is not medically necessary.