

Case Number:	CM14-0081637		
Date Assigned:	07/18/2014	Date of Injury:	09/16/2005
Decision Date:	12/25/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 55-year-old female with a 9/16/05 date of injury. At the time (5/9/14) of request for authorization for hospital admission for inpatient detox, there is documentation of subjective (chronic hand and wrist pain) and objective (not specified) findings. The current diagnoses are drug dependency, carpal tunnel syndrome, and elbow enthesopathy. The treatment to date includes ongoing therapy with Hydrocodone/Norco. The remainder of medical report is illegible. There is no documentation of a condition/diagnosis for which detoxification is indicated (intolerable side effects; lack of response; aberrant drug behaviors as related to abuse and dependence; refractory comorbid psychiatric illness; or lack of functional improvement).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital Admission for Inpatient Detox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inpatient pain rehabilitation programs Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 76.

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. Within the medical information available for review, there is documentation of diagnoses of drug dependency, carpal tunnel syndrome, and elbow enthesopathy. However, despite documentation of ongoing treatment with Hydrocodone/Norco, there is no documentation of a condition/diagnosis for which detoxification is indicated (intolerable side effects; lack of response; aberrant drug behaviors as related to abuse and dependence; refractory comorbid psychiatric illness; or lack of functional improvement). In addition, there is no documentation of the proposed frequency and duration of the requested hospital admission for inpatient detox. Therefore, based on guidelines and a review of the evidence, the request for hospital admission for inpatient detox is not medically necessary.