

<b>Case Number:</b>	CM14-0197999		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	10/30/2009
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 47-year-old male with a 10/30/09 date of injury. According to a progress report dated 10/23/14, the patient continued to complain of low back and left lower extremity pain in the S1 distribution. He described his foot as hypersensitive, so that he has had difficulty with any weight bearing in his left lower extremity. The patient has been unable to wean from his opioid-based medications in the form of oxycodone 60mg a day. Multiple attempts have been made for self-directed taper, but he has been complicated by withdrawal symptoms or increased pain. The provider has requested a 5-day outpatient detoxification program to transition him off of his opioid-based medications. Objective findings: reflexes were 2+ in the knees and 1+ in the ankle, hypesthesia in the left S1 dermatome, hyperalgesia in left foot. Diagnostic impression: lumbar post-laminectomy syndrome, degeneration of lumbar intervertebral disc without myelopathy. Treatment to date: medication management, activity modification, and surgery. A UR decision dated 11/12/14 denied the request for outpatient detox 5 days. The claimant was on buprenorphine with Percocet before, but it failed to provide pain relief. Suboxone is this medication so there is no indication how this would have any greater pain benefit especially if Percocet is to be weaned off. There is no support for detoxification with this agent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient detoxification 5 days, 1 week: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Detoxification Page(s): 42.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines criteria for detoxification include intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement; gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. However, in the present case, there is no discussion of the type of weaning the patient has attempted. It is noted that he has been unsuccessful with a self-directed taper, but there is no indication that he has had a trial with a physician-directed taper. There is no detailed description of the taper that this patient has tried and if the provider has provided a detailed tapering regimen for him. In addition, there is no documentation as to what type of methods the requested detoxification program would provide. Therefore, the request for Outpatient detoxification 5 days, 1 week was not medically necessary.