

Case Number:	CM14-0210718		
Date Assigned:	12/23/2014	Date of Injury:	11/03/2006
Decision Date:	02/27/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 patient is a 39-year-old male who was injured on November 3, 2006. The patient continued to experience pain in his neck and lower back. Physical examination was notable for lumbar spasm, limited range of motion of the lumbar spine, normal motor examination, intact sensation, and tenderness on palpation at bilateral acromio-clavicular joints. Diagnoses included lumbar disc degeneration, lumbar radiculopathy, and status post shoulder arthroscopy. Treatment included medications, home exercise program, chiropractic treatments and trigger point injections. Request for authorization for 30 days inpatient detoxification program was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 days participation in an inpatient Detoxification Program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Interventions and Guidelines, Detoxification.

Decision rationale: Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. Detoxification is 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. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Median length of stay for drug detoxification is 4 days with mean length of stay of 4.1 days. Target length of stay is 4 days. In this case trial of treatment with suboxone as an outpatient is documented as unsuccessful. The reasons for the failure of treatment are not stated. The requested length of stay for the detoxification surpasses the target length of stay of 4 days. The request should not be authorized.