

Case Number:	CM15-0010261		
Date Assigned:	01/27/2015	Date of Injury:	05/01/2008
Decision Date:	03/17/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/16/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker was a 55 year old female, who sustained a work related injury, May 1, 2008. The injury was sustained by cradling a phone with which caused pain in the neck that radiated down the left arm. The injured workers chief complaint was bilateral tenderness and spasms of the cervical and trapezius muscles. The injured worker was diagnosed with depression, compulsive personality traits, chronic pain disorder, cervical radiculopathy and insomnia. The injured worker was treated narcotics, methadone, lidocaine patches, Cymbalta, Ketoprofen cream, anti-inflammatory medications, cervical foraminotomy in 2009, cognitive behavioral psychotherapy, home exercise program, muscle testing August 21, 2014, On December 30, 2014, the primary treating physician requested authorization for inpatient detoxification program with additional 20 day taper down use of methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 day in-patient detox program with additional follow up visits to taper down use of methadone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, psychological intervention Page(s): 94.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The injured worker sustained a work related injury on May 1, 2008. The medical records provided indicate the diagnosis of depression, compulsive personality traits, chronic pain disorder, cervical radiculopathy and insomnia. The injured worker was treated narcotics, methadone, lidocaine patches, Cymbalta, Ketoprofen cream, anti-inflammatory medications, Vistaril, underwent cervical foraminotomy in 2009, cognitive behavioral psychotherapy, home exercise program, muscle testing August 21, 2014. The medical records provided for review do not indicate a medical necessity for 20 day in-patient detox program with additional follow up visits to taper down use of methadone. The Hospital Length of stay recommended by the Official Disability Guidelines recommends for Drug detoxification is 4 days. Best practice target (no complications) -- 4 days.