

Case Number:	CM15-0011149		
Date Assigned:	01/29/2015	Date of Injury:	06/15/2006
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/21/2015

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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 is a 61-year-old male who reported an injury on 06/15/2006. The mechanism of injury was not specified. His diagnoses included pain in the joint involving the shoulder, pain in the joint involving the arm, pain in the joint involving the lower leg, pain in the joint involving the ankle and foot, psychogenic pain, chronic back pain, long term use of medications, unspecified major depression, recurrent episodes, and therapeutic drug monitoring. His past treatments included medications. On 12/17/2014, the injured worker complained of knee, right shoulder, left elbow, and right lower extremity pain. The injured worker said he was in excruciating pain and indicated he may have been having a stroke. Documentation indicated the injured worker was currently in withdrawals and was out of medications. Additional documentation indicated the injured worker was not in acute withdrawals and Opana most likely would provide adequate analgesic is titrated appropriately. It was indicated the injured worker self increased to 6 tablets per day from his prescribe twice daily dose due to pain. The injured worker's psychiatric review indicated complaints of anxiety, depression, hallucinations, and suicidal thoughts. Relevant medications were not noted on physical examination. The treatment plan included 1 inpatient detox program vs. methadone maintenance program. The rationale included compliance issues with the medications and self increasing and noncompliant with medication instructions. A Request for Authorization form was submitted on 12/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 inpatient detox program vs. Methadone maintenance program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Detoxification

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-34.

Decision rationale: The request for 1 inpatient detox program vs. methadone maintenance program is recommended. Chronic pain program and patient pain rehabilitation problems indicate that they may be appropriate for patients who: do not have minimal functional capacity to participate effectively in an outpatient program; have medical conditions that require more intensive oversight; or are receive large amounts of medications necessitating medication weaning or detoxification; or have complex medical psychological diagnoses that benefit for more intensive observation and/or additional consultation to facilitate the rehabilitation process. The injured worker was indicated to have been self medicating and increasing narcotic medications on his own. Furthermore, the treating provider indicated the injured worker was non-compliant with treatment. Based on the above, the request for 1 inpatient detox program vs. methadone maintenance program would be supported by the evidence based guidelines. As such, the request is medical necessary.