

Case Number:	CM15-0018124		
Date Assigned:	02/06/2015	Date of Injury:	10/31/1996
Decision Date:	03/25/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	01/30/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65year old female, who sustained a work/ industrial injury on 10/31/96. She has reported symptoms of low back pain and bilateral lower extremity pain. Prior medical history includes: polypharmacy with use of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), hypertension, and depression. The diagnoses have included lumbago, lumbar radiculopathy, lumbar post laminectomy syndrome, chronic pain syndrome and spasm of muscle. Treatments to date included surgery (lumbar surgery- L2-5 fusion in 1996), medication, P-STIM placement with removal due to allergic reaction, and physical therapy. Medications included Duragesic, Xanax, Lortab, Protonix, Neurontin, Flexeril, Lexapro, Celebrex, and Lidoderm patch. As per the treating physician's report on 10/31/14, the IW reported increased occurrence of migraines and occasional difficulty breathing alone with usual pain in the low back to bilateral lower extremities. Exam noted hip flexed gait, loss of lumbar lordosis, tenderness to palpation throughout the thoracic and lumbar paraspinals and bilateral sciatic notches, tenderness to palpation to bilateral cervical/occipital junction and decreased cervical and lumbar range of motion. On 1/29/15, Utilization Review non-certified a 1 Medication Detox Program, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medication detox program: Upheld

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

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

Decision rationale: Regarding the request for a detox program, California MTUS supports detoxification for indications including intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Within the documentation available for review, the provider recommended a detox program, but there is no documentation of failure of attempts at weaning from the medications or another clear rationale for a detox program prior to attempting simple weaning. In the absence of such documentation, the currently requested detox program is not medically necessary.