

Case Number:	CM15-0110827		
Date Assigned:	06/17/2015	Date of Injury:	05/30/2014
Decision Date:	07/20/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/09/2015

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, Florida, California

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 is a 54 year old male, who sustained an industrial injury on 05/30/2014. He reported he was painting baseboards while kneeling and when he stood up he noted a popping sensation in his right knee that continued after the initial injury along with the development of left knee and hip pain. The injured worker was diagnosed as having right knee medical meniscal tear, right knee pain, and left greater trochanteric bursitis. Treatment and diagnostic studies to date has included magnetic resonance imaging of the right knee, physical therapy, medication regimen, and status post right knee surgery. In a progress note dated 04/21/2015 the treating physician reports complaints of intermittent, aching pain to the left hip that is rated a 4 to 8 out of 10, intermittent, aching right knee pain with a popping sensation that is rated an 8 out of 10, intermittent, aching pain to the left knee with a popping sensation that is also to have the feeling of giving out with a pain rating of a 7 to 8 out of 10. Examination reveals decreased active range of motion to the right hip and the right knee, tenderness to palpation along the medial and inferior aspects of the right knee and tenderness to the left-sided greater trochanter of the femur. The injured worker's current medication regimen includes Norco, Tramadol, and Advil, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of the injured worker's medication regimen. The treating physician requested opiate

detoxification program to assist the injured worker to wean off of Norco with the treating physician noting that the injured worker would like to wean off of Norco and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opiate detoxification program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Weaning of Medications Page(s): 78, 124. Decision based on Non- MTUS Citation Official Disability Guidelines, Pain Chapter, Detoxification.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Detoxification programs.

Decision rationale: This claimant was injured in 2014 with left knee and hip pain. No pain levels are noted. Medicines are Norco, tramadol and Advil. Drug behaviors are not noted. The current California web-based MTUS collection was reviewed in addressing this request. The current California web-based MTUS collection was reviewed in addressing this request. Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. May be necessary due to the following: (1) Intolerable side effects, (2) Lack of response, (3) Aberrant drug behaviors as related to abuse and dependence, (4) refractory comorbid psychiatric illness, or (5) 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. (Benzon, 2005). In this case there is no evidence of intolerable side effects, lack of response, aberrant drug behaviors, refractory comorbid psychiatric illness, or lack of functional improvement. The role for a detoxification program is not established under MTUS. The ODG notes under Detoxification programs in the pain section that 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. In this case, these criteria are not definitively and completely explored in this case. At present, the request is not medically necessary.