

<b>Case Number:</b>	CM15-0112121		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	10/21/1998
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 71 year old male, who sustained an industrial injury on 10-21-1998. The mechanism of injury is unknown. The injured worker was diagnosed as having multiple left hip revision arthroplasties, severe osteoporosis with possible pelvic discontinuity, severe narcotic dependence and severe contractures of the left hip, knee and ankle. Left hip x ray and computed tomography scan showed diminished bone density. Treatment to date has included therapy and medication management. In a progress note dated 5-13-2015, the injured worker complains of left groin pain. Physical examination showed decreased left hip range of motion and a tender greater trochanter. The treating physician is requesting inpatient rehabilitation for medication detoxification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient Rehab for medication detox:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification. Decision based on Non-MTUS Citation ODG, Pain, Detox program.

**Decision rationale:** The patient presents with left groin pain. The current request is for Inpatient rehab for medication detox. The treating physician states, in a report dated 05/13/15, "Treatment Recommendations: Admission to rehab and slow steady mobilization with detoxification and follow up X-rays. I decline to do pain management at the level of his narcotic use. This is referred to a specialist in pain management" (29B). The MTUS guidelines state 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: Intolerable side effects, lack of response, aberrant behaviors as related to abuse and dependence, refractory comorbid psychiatric illness and lack of functional improvement. Gradual weaning is recommended for long-term opiate users because opiates cannot be abruptly discontinued without probable risk of withdrawal symptoms. The MTUS Guidelines do not discuss the duration or frequency of the program. However, ODG Guidelines regarding detox recommends a medium duration of 4 days. In this case, the request is for detox program without duration. Although the patient may be medically indicated for a detox program, particularly since records available for review show the patient has been on 1,200 mcg of Actiq (1 lozenge three times a day) since 01/2015 (127B) with pain scales consistently showing 8/10 and 9/10 demonstrating lack of functional improvement, without knowing the duration for the request, the ODG guidelines do not support unlimited detoxification. MTUS also recommends gradual weaning of opiates, which can be accomplished via outpatient monitoring. The current request is not medically necessary.