

<b>Case Number:</b>	CM15-0118030		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	01/12/2000
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: 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 48-year-old male who sustained an industrial injury on 1/12/2000 resulting in chronic back pain. The injured worker is diagnosed with lumbago, thoracic/lumbar neuritis and unspecified drug dependence. Treatment for pain has included Oxycodone SR, Fentanyl patch, Morphine SR, Dilaudid, Norco, Methadone, and Oxymorphone. Presently he is taking Oxycontin 160 mg twice per day and morphine sulfate IR 30 mg 3-4 times per day. The injured worker continues to report pain flare ups and interrupted sleep. The treating physician's plan of care includes an inpatient detoxification program evaluation. He is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient Detoxification program evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 393, Chronic Pain Treatment Guidelines Detoxification; Medications for chronic pain; Opioids; Rapid Detox; Weaning of Medications Page(s): 42, 60-1, 74-96, 102, 124.

**Decision rationale:** Detoxification is the withdrawing of an individual from a psychoactive substance. This process usually is required when there is intolerant side effects or lack of response from medications that are associated with withdrawal symptoms, when the patient is showing addictive behaviors or has comorbid psychiatric illness. But detoxification is not synonymous with addiction. Addiction is the compulsive use of a psychoactive substance where the individual has loss of control over what they are doing, taking or using. In patients with chronic pain, addiction is usually manifested by an increasing requirement for narcotics, doctor shopping and/or drug seeking behaviors. The MTUS has very specific indicators and predictors of prescription drug addiction. This patient is on very high doses of narcotics. His morphine equivalent dosing is 600 mg MEQ per day. The MTUS recommends maximum opioid use of 120 mg MEQ per day. Even though the patient tolerates his narcotic medications, the dosing appears to be slowly increasing. The records reviewed do not describe a mood disorder or other psychiatric condition nor is there any documentation of addictive behaviors. The patient definitely should be weaned from his high doses of opioids, however, there is no indication at this time that this would require inpatient services to accomplish it. If the provider is not comfortable with outpatient weaning then referral to a provider who would provide this service would be appropriate. Medical necessity for inpatient detoxification has not been established.