

<b>Case Number:</b>	CM15-0119842		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	11/01/2000
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 41 year old female, who sustained an industrial injury on 11/1/2000. The mechanism of injury is unknown. The injured worker was diagnosed as having significant degenerative disc disease, intractable neck, upper back and bilateral upper extremity pain, depression and chronic pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/13/2015, the injured worker complains of pain in the neck, upper back and bilateral upper extremities, rated 4-5/10 with medications and 9/10 without medications. Physical examination showed restricted painful cervical movement. The treating physician is requesting inpatient detoxification program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 inpatient detox program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Detoxification.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Weaning of medications Page(s): 124.

**Decision rationale:** This 41 year old female patient has complained of neck pain, upper back pain and bilateral upper extremity pain since date of injury 11/1/2000. She has been treated with physical therapy and medications to include chronic opioids. The current request is for 1 inpatient detox program. The available medical records do not include adequate documentation of a trial of weaning the patient from chronic opioids or a failure in attempt at weaning of opioids which would necessitate an inpatient detox program. On the basis of the basis of the available medical documentation and per the MTUS guidelines cited above, 1 inpatient detox program is not medically necessary.