

Case Number:	CM15-0125891		
Date Assigned:	07/10/2015	Date of Injury:	01/12/2000
Decision Date:	08/06/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48-year-old male sustained an industrial injury on 1/12/2000. He subsequently reported back pain. Diagnoses include unspecified drug dependence and lumbago. Treatments to date include prescription pain medications. The injured worker continues to experience chronic back pain with radicular symptoms. Upon examination, the injured worker was alert and conversant with no negative effect of meds noted today, ambulating with flex trunk as before. Generally stable on meds. A request for Waisman rapid detox program was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

rapid 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: The California MTUS section on detoxification states: Recommended as indicated below. 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) The provided clinical documentation for review does not show that these criteria have been met and the request is not medically necessary.