MAXIMUS Federal Services

Case Number:	CM15-0170578		
Date Assigned:	09/25/2015	Date of Injury:	07/18/2001
Decision Date:	10/30/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/31/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 75 year old male, who sustained an industrial-work injury on 7-18-01. He reported initial complaints of opioid addiction related to pain. The injured worker was diagnosed as having thoracic-lumbosacral neuritis-radiculitis, myofascial pain, chronic pain, ethanol abuse history, and opiate dependency. Treatment to date has included medication, functional restoration program intervention (32 days) with progress. Currently, the injured worker complains of chronic low back pain. Medication includes Oxycodone-Acetaminophen, Oxycodone 10 mg, Oxycodone 5 mg with giving lower doses of Oxycodone to wean 5 mg at a time without success. Per the functional restoration reports, the injured worker had attended scheduled sessions and worked well on his medial and functional goals. He had a blinded pain cocktail with intention of gradually tapering but felt unwell. Medication was then adjusted for continued tapering. Other modalities were continued in the program and continuation with the HELP program was requested. The Request for Authorization requested service to include HELP outpatient detoxification program for 5-10 days. The Utilization Review on 8-7-15 modified the request for HELP outpatient detoxification program for 5 days for detoxification in an inpatient program, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP outpatient detoxification program for 5-10 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Detoxification. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Detoxification.

Decision rationale: Pursuant to the Official Disability Guidelines, HELP outpatient detoxification program 5-10 days is not medically necessary. Guidelines recommend detoxification most commonly when there is evidence of substance misuse or abuse, evidence that medication is not efficacious or evidence of excessive complications related to use. It is a medical intervention that manages a patient through withdrawal symptoms. In this case, the injured worker's working diagnoses are thoracic/lumbosacral neuritis-radiculitis; myofascial pain; chronic pain; ethanol abuse history and opiate dependency. Date of injury is July 18, 2001. Request for authorization is dated August 3, 2015. Documentation shows the image worker completed a functional restoration program June 2, 2015. Injured worker has a history of alcohol abuse, but has been sober for many years. The injured worker has difficulties tapering opiates. Currently, the injured worker is still taking Oxycodone and OxyContin. The injured worker had a previous outpatient detoxification, but had difficulty tapering opiates through completion. The utilization review provider initiated a peer-to-peer conference with the treating provider. The treating provider indicated the injured worker had difficulty weaning from medications. The treating provider indicated the injured worker had trouble detoxing in an outpatient program. The injured worker is open to an inpatient program. The injured worker may benefit from outpatient detoxification program, but five days are clinically appropriate. Based on objective functional improvement after five days (with a failed detoxification program in the past) an additional five days may be clinically indicated. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, HELP outpatient detoxification program 5-10 days is not medically necessary.