

<b>Case Number:</b>	CM15-0172395		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	10/07/1999
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Arizona, California  
 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:

The injured worker is a 68 year old male, who sustained an industrial injury on 10-7-99. The injured worker was diagnosed as having lumbar post-laminectomy syndrome and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included physical therapy, a home exercise program, and medication including Morphine and Norco. The treating physician noted "the patient identified that as has been decreasing his dose of Morphine, the pain is becoming unbearable and his is no longer able to do all of his activities of daily living or recreational activities or his home exercise program." The treating physician also noted "he is not going to be able to continue tapering his current use of Morphine and I would state that he has failed a typical outpatient taper." The injured worker had been taking Morphine since at least March 2012. Currently, the injured worker complains of back pain, buttock pain, and left lower extremity pain. The treating physician requested authorization for a 5 day outpatient detox program. On 8-18-15 the request was non-certified; the utilization review physician noted "there is no documentation that this claimant would require an inpatient type-setting versus outpatient treatments with Suboxone and other adjunctive medication to assist with withdrawal symptoms as well as community based meetings such as narcotic anonymous."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Five (5) day outpatient detox program: 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, Rapid detox.

**Decision rationale:** According to the guidelines, rapid detoxification is not recommended. Gradual weaning over the long-term is recommended to avoid withdrawal. In this case, the claimant was not able to be weaned in an outpatient program; the treating physician requested a rapid 5-day detoxification. The claimant has been on Morphine for over 3 years. Rapid detox would be life-threatening and not medically necessary.