

<b>Case Number:</b>	CM15-0173276		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	02/18/2005
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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:

The injured worker is a 51 year old female, who sustained an industrial injury on February 18, 2005 and reported neck and right shoulder pain. The injured worker is diagnosed as having narcotic dependency with probable opioid hyperalgesia, chronic pain syndrome, residual cervical kyphosis, pseudoarthrosis C6-C7, facet mediated pain C2-C3 and C3-C4 and bilateral thoracic outlet syndrome. Currently, the injured worker complains of constant, severe neck and shoulder girdle pain bilaterally. Her range of motion is decreased with right greater than left. She experiences a sensation of numbness and loss of circulation in the left upper extremity. She reports constant aching low back pain, constant depression and symptoms of gastric upset. The pain results in difficulty engaging in activities of daily living; grooming, sleeping, performing errands, household chores and getting out of bed. A physical examination on July 16, 2015 reveals decreased cervical and bilateral shoulder range of motion. There is "increased neck pain with extension and diffuse right shoulder pain". The cervical incision is well healed and there is "diffuse muscle guarding and tenderness" noted. There is positive axial head compression and facet joint tenderness noted as well as a positive right shoulder impingement sign. A positive bilateral thoracic Roos test, positive left Adson's test and positive right abduction test is also noted. Treatment to date has included CT scan dated April 10, 2015, surgical intervention C4-C5 and C6-C7 fusion (November 2012) and C5-C6 anterior cervical spine fusion (March 2015), medications (Morphine 30 mg three times a day, Percocet 10 mg three times a day, Cymbalta, Tizanidine, Topamax, Ambien, Omeprazole, Dulcolax and topical creams) and toxicology screen. A request for inpatient detoxification for 5-7 days was denied as the injured worker should undergo a slow weaning process as recommended by the guidelines, per Utilization Review dated August 6, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient Detoxification 5-7 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 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 patient has the history of chronic opioid use and dependence. The need for inpatient detoxification versus slow wean from medication is not established in the provided documentation for review. Therefore the request is not medically necessary.