

Case Number:	CM15-0173826		
Date Assigned:	09/15/2015	Date of Injury:	04/22/2014
Decision Date:	10/23/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/03/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28 year old male, who sustained an industrial injury on April 22, 2014. The injured worker was diagnosed as having chronic pain syndrome, neck sprain and strain, cervical radiculopathy, and lumbar sprain and strain. Medical records (June 26, 2015 to July 27, 2015) indicate ongoing, constant low back pain with stiffness, rated 5-6 out of 10. Anxiety and stress were noted in the review of systems. The physical exam (June 26, 2015 to July 27, 2015) revealed decreased and painful lumbar spine range of motion with tenderness to palpation. On June 26, 2015, the injured worker was changed from Norco to Vicodin for pain control. The treating physician noted that there was a signed medication agreement in the office and that there was no abuse or aberrant behavior with the use of Norco. On July 27, 2015, the injured reported taking 6-7 tablets of his current medication (Vicodin 5-300mg 1 tab daily). The treating physician noted that the injured worker admitted to abuse and addiction to pain medication. He was taking up to 6 tabs daily with cravings and withdrawal symptoms when he runs out and he expressed that he wanted to enter inpatient detox treatment as soon as possible. On March 3, 2015, a urine drug screen was positive for amphetamine, Norhydrocodone, and Oxycodone, which were flagged as high results. On April 8, 2015, treating physician noted the urine drug testing result from March 3, 2015 was inconsistent, positive for amphetamine. On April 8, 2015, a urine drug screen was positive for Nortriptyline, Norhydrocodone, and Hydrocodone, which were flagged as high results. Treatment has included chiropractic therapy, at least 6 sessions of physical therapy, cognitive behavioral therapy, and medications including pain (Vicodin since at least June 2015), non-steroidal anti-inflammatory, anti-anxiety, and antidepressant Pamelor).

Per the treating physician (July 27, 2015 report), the injured worker has not returned to work. On July 28, 2015, the requested treatments included inpatient detox for 7 days. On August 4, 2015, the original utilization review non-certified a request for inpatient detox for 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient detox x7 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com/odgtwc/pain.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Detoxification.

Decision rationale: The patient presents on 07/27/15 with neck and lower back pain rated 5/10. The patient's date of injury is 04/22/14. The request is for INPATIENT DETOX PROGRAM X7 DAYS. The RFA is dated 07/28/15. Physical examination dated 07/27/15 reveals tenderness to palpation and decreased range of motion in the lumbar spine. The patient is currently prescribed Pamelor, Vicodin, Naprosyn, and Diazepam. Patient is currently classified as temporarily partially disabled. MTUS Chronic Pain Medical Treatment Guidelines, Detoxification section, page 42 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." In regard to the request for an outpatient detoxification program, this patient does not meet guideline criteria. Progress note dated 07/27/15 has the following regarding the request: "patient admits to abuse and addiction to pain medication. He reports taking up to 6 tabs daily with cravings and withdraw symptoms when he runs out. He expresses that he would like to go into in-patient detox treatment as soon as possible." In this case, the patient does present with drug behaviors indicative of abuse and dependence, and multiple urine drug screenings indicating the presence of Amphetamine metabolites. However, while the patient does report withdrawal symptoms when he "runs out" of medications, it is not clear how he would respond to a gradual weaning of narcotic medications as opposed to abrupt discontinuation. The side effects of weaning (while uncomfortable) do not appear to be intolerable, there is no documented lack of response to attempts at weaning, or refractory comorbid psychiatric illness. Therefore, traditional weaning of narcotic medications is the most appropriate avenue for this patient and the requested inpatient detox program IS NOT medically necessary.