

Case Number:	CM15-0023601		
Date Assigned:	02/13/2015	Date of Injury:	05/03/2002
Decision Date:	04/03/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, 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:

This is a 65 year old male patient, who sustained an industrial injury, May 3, 2002. The current diagnoses include chronic pain syndrome, lumbar post fusion syndrome, status post multilevel lumbar reconstruction, chronic radicular, lumbosacral intervertebral disc, degeneration of the lumbar and regional myofascial pain. According to progress note dated February 5, 2015, he was being weaned off from Methadone. He was currently down to 80mg per day. He was suffering severe withdrawal effects as well as marked increase in pain and accompanying loss of function. He was no longer able to participate in the gym program on a regular basis and was unable to continue weaning due to the side effects. The physical exam noted severe myofascial trigger points throughout the thoracic and lumbar paraspinal muscles and a normal gait. The current medications list includes Methadone, Neurontin, fenofibrate, lisinopril, loratidine, ranitidine, senna lax, testosterone, tricode AR and Clonazepam. He has undergone shoulder surgery and lumbosacral fusion with instrumentation insertion or replacement times 3. He has had a gym exercise program for this injury. He has had urine drug screen on 10/6/14 with consistent results. On January 2, 2015, the primary treating physician requested authorization for an outpatient detox program 10 day/ 2 weeks with 5 days a week transportation for the weaning of Methadone. On January 28, 2015, the Utilization Review denied authorization for an outpatient detox program 10 day/ 2 weeks with 5 days week transportation. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Detox Program, 5 days a week for 2 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 42 of 127, Detoxification.

Decision rationale: Request: Q-1-Outpatient Detox Program, 5 days a week for 2 weeks. Per the Chronic Pain Medical Treatment Guidelines CA MTUS "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." According to progress note dated February 5, 2015, he was being weaned off from Methadone. He was currently down to 80mg per day. He was suffering severe withdrawal effects as well as marked increase in pain and accompanying loss of function. He was no longer able to participate in the gym program on a regular basis and was unable to continue weaning due to the side effects. The patient is on methadone and is having significant withdrawal effects when weaning is attempted. The request of Outpatient Detox Program, 5 days a week for 2 weeks is medically appropriate and necessary for this patient to manage weaning of opioids.

Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 02/27/15) Transportation (to & from appointments).

Decision rationale: Q-2-Transportation. Per the cited guidelines, transportation to and from hospital/office is "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)." Evidence of disabilities preventing the pt from self-transport is not specified in the records provided. Presence or absence of a care taker or person that would help in self-transport is not specified in the records provided. The medical necessity of Transportation is not established at this time for this patient.