

Case Number:	CM15-0026598		
Date Assigned:	02/19/2015	Date of Injury:	03/29/2002
Decision Date:	04/03/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/12/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old female, who sustained an industrial injury on 03/29/2002. She has reported subsequent neck, right shoulder and head pain and was diagnosed with cervical radiculopathy status post cervical fusion, cephalgia, right shoulder pain status post right shoulder surgery, chronic pain syndrome, tension headaches and chronic pain related insomnia and depression. Treatment to date has included oral pain medication, trigger point injections and ██████ program. In a progress note dated 08/27/2014, the injured worker complained of continued left shoulder pain radiating to the left arm and hand. The injured worker was noted to have a lot of anxiety and to be taking 10-15 mg of Valium per day for anxiety. The physician noted that the injured worker underwent the preliminary portion of the ██████ program on an urgent basis as there was concern that she was suicidal and was having a lot of negative side effects from narcotic medications. The injured worker was noted to do extremely well after the detoxification portion of the ██████ program. A request for authorization of 20 sessions of ██████ █ Narcotic detoxification & standard program was made. On 01/16/2015, Utilization Review non-certified a request for ██████ Narcotic detoxification & standard program (20 sessions), noting that there was no assessment of functional ability with a thorough physical exam and specific goals and no guidelines to support this program. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████ narcotic detox and standard program (sessions) Qty: 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

Decision rationale: According to MTUS guidelines, detoxification is “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) See also Rapid detox.” According to ODG guidelines, <Most commonly recommended when there is evidence of substance misuse or abuse, evidence that medication is not efficacious, or evidence of excessive complications related to use. See Substance abuse (substance related disorders, tolerance, dependence, addiction) for definitions. Detoxification is defined as a medical intervention that manages a patient through withdrawal syndromes. While the main indication as related to substance-related disorders is evidence of aberrant drug behaviors, other indications for detoxification have been suggested. These include the following: (1) Intolerable side effects; (2) Lack of response to current pain medication treatment (particularly when there is evidence of increasingly escalating doses of substances known for dependence); (3) Evidence of hyperalgesia; (4) Lack of functional improvement; and/or (5) Refractory comorbid psychiatric illness. It can therefore be seen that a recommendation for detoxification does not necessarily imply a diagnosis of addiction, or of substance-related disorder. There are no specific guidelines that have been developed for detoxification for patients with chronic pain. This intervention does not constitute complete substance abuse treatment. The process of detoxification includes evaluation, stabilization, and preparation of the patient for further treatment that should be specifically tailored to each patient's diagnostic needs. Complete withdrawal of all medications is not always recommended, although evidence of abuse and/or dependence strengthens the rationale for such.(TIP 45, 2006) (Wright, 2009) (Benzon, 2005) See also Weaning of medications; Rapid detox; Substance abuse (substance related disorders, tolerance, dependence, addiction) for definitions. For average hospital LOS if criteria are met, see Hospital length of stay (LOS Drug Detox (icd 94.65 - Drug detoxification) Actual data -- median 4 days; mean 4.1 days (0.2); discharges 78,219; charges (mean) \$9,756 Best practice target (no complications) -- 4 days>.There is no clear documentation for attempts for reduction of pain medications or outpatient detoxification. There is no clear documentation of intolerable side effects, aberrant behavior, drug abuse and dependence. Furthermore, there is no clear description of the detox program. Therefore, the request for ████████ narcotic detox and standard program (sessions) Qty: 20 is not medically necessary.