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| <b>Case Number:</b>   | CM15-0064392 |                              |            |
| <b>Date Assigned:</b> | 05/22/2015   | <b>Date of Injury:</b>       | 09/10/2008 |
| <b>Decision Date:</b> | 06/24/2015   | <b>UR Denial Date:</b>       | 03/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/06/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44 year old female who sustained an industrial injury on 09/10/08. Initial complaints and diagnoses are not available. Treatments to date include bilateral carpal tunnel release, and bilateral ulnar nerve entrapment surgeries. Diagnostic studies are not addressed. Current complaints include bilateral upper extremity pain, and a desire to get off opioid medications. Current diagnoses include depressive disorder, pain in joint/forearm/upper arm. In a progress note dated 02/19/15 the treating provider reports the plan of care as discontinue Norco, increase morphine sulfate, and refer to drug rehab. The requested treatments include outpatient morphine detoxification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Outpatient Morphine Detox at Approved Facility: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dealing with misuse & addiction Page(s): 84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- detoxification.

**Decision rationale:** Outpatient Morphine Detox at Approved Facility is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that detoxification is 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. If there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion, it has been suggested that a patient show evidence of consultation with a physician trained in addiction treatment for assessment of the situation and possible detoxification. The MTUS suggests that a patient be given a 30-day supply of medications (to facilitate finding other treatment) or be started on a slow weaning schedule if a decision is made by the physician to terminate prescribing of opioids/controlled substances. The request does not indicate duration of detox. The documentation is not clear on a significant attempt to wean the patient prior to sending to a detox facility. The request as written specifies morphine detox which is unclear as a detoxification should include all general opioids/controlled substances as needed. The request for outpatient morphine detox is not medically necessary.