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| <b>Case Number:</b>   | CM15-0067798 |                              |            |
| <b>Date Assigned:</b> | 04/15/2015   | <b>Date of Injury:</b>       | 10/11/2001 |
| <b>Decision Date:</b> | 05/14/2015   | <b>UR Denial Date:</b>       | 03/31/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/09/2015 |

### 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: New Jersey  
 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 50 year old female sustained an industrial injury to the neck, back and shoulder on 10/11/01. Previous treatment included magnetic resonance imaging, lumbar fusion, physical therapy, epidural steroid injections, injections, nerve blocks, transcutaneous electrical nerve stimulator unit, spinal cord stimulator trial, home exercise and medications. In a pain medicine re-evaluation dated 3/2/15, the injured worker complained of neck pain with radiation down the right elbow, low back pain with radiation down bilateral lower extremities and right shoulder pain. The injured worker rated her pain 8-10/10 on the visual analog scale. The injured worker underwent right subacromial bursa injection on 1/9/15 with ongoing 50-80% improvement to pain. Physical exam was remarkable for lumbar spine with restricted and painful range of motion, positive bilateral straight leg raise and decreased sensation and motor strength to bilateral lower extremities and tenderness to palpation to the right shoulder with decreased range of motion. Current diagnoses included lumbar disc displacement, lumbar failed back surgery syndrome, lumbar spine radiculopathy, status post lumbar fusion, right shoulder, depression, gastritis, gastroesophageal reflux disease, medication related dyspepsia, esophageal stricture and right hip trochanteric bursitis. The injured worker received a Toradol and Vitamin B12 injection during the office visit. The treatment plan included an inpatient detoxification program, medications (Soma, Fentanyl patch, Lyrica, Morphine IR, Senna, Phenergan and Zantac).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient Detox Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification.

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

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that inpatient detoxification from certain medications is generally recommended if needed. Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. Detoxification 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. Outpatient attempts at detoxifying/weaning from medications is recommended first, and if experiencing difficulty, then consideration for inpatient detoxification is advised. In the case of this worker, weaning from opioids (Fentanyl, Dilaudid, morphine, Soma) is recommended, however, there was insufficient documentation that an attempt with weaning down from these medications was completed and failed before suggesting an inpatient detoxification program. Therefore, the request for an inpatient detoxification program will be considered medically unnecessary at this time. However, weaning gradually down from these medications is recommended as outpatient.