

<b>Case Number:</b>	CM15-0071796		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	08/25/2009
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Preventive Medicine, Occupational 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 54-year-old female who reported an industrial injury on 8/25/2009. Her diagnoses, and/or impressions, are noted to include chronic pain; lumbar radiculopathy; right knee twisting injury with pain, status-post arthroscopic surgery (4/2013); chronic lower back pain due to impaired gait; chronic long-term opioid use; sleep disturbance; and gastric pain due to chronic ingestion of medications. Recent x-rays of the right knee and lumbosacral area were noted to be done on 3/4/2015; no current imaging studies are noted. Her treatments have included psychiatric evaluation and treatment; long-term medication and opioid usage with toxicology screenings; and rest from work. The progress notes of 3/4/2015 reported complaints of moderate-severe radiating lower back, hip, leg, ankle and foot pain; and knee pain with clicking, locking, swelling, tingling, stiffness, grinding, numbness, tingling, tenderness, and that gives-way. She reported her pain is aggravated by activities and relieved by heat/ice, elevation, rest, and medications. Objective findings were noted to include the appearance of pain, and that she has gone through 30 different doctors, some who have prescribed heavy doses of medications and the concern for heavy opioid usage over many years, as well as the inability to suddenly withhold medications for fear of withdrawal symptoms; and chronic opioid dependency. The physician's requests for treatments were noted to include an inpatient or outpatient detoxification program, following multiple requests to authorize pain management had been denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient or Outpatient Detox Program:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines recommended the use of detoxification 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 this case, there is a lack of functional improvement with the injured worker who has taken opioids chronically since 2009. There is no indication that the injured worker has attempted a provider-based, informal weaning of opioid medications, therefore, the request for inpatient or outpatient detox program is determined to not be medically necessary.