

<b>Case Number:</b>	CM15-0074293		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	06/21/2003
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 52 year old male who sustained an industrial injury on 6/21/03. He has reported initial complaints of a back injury after a fall three to four feet from shutting a door on a truck. The diagnoses have included lumbar disc disorder, post lumbar laminectomy syndrome, sacroiliac pain, lumbar disc displacement, lumbosacral spondylosis, lumbosacral disc degeneration, and mood disorder. Treatment to date has included medications, diagnostics, surgery, spinal cord stimulator trial, physical therapy and home exercise program (HEP). The diagnostic testing that was performed included computerized axial tomography (CT scan) scan of the lumbar spine x-rays of the lumbar spine and full body positron emission tomography (PET) scan. The current medications included Tizanidine, MS Contin, Norco and Paxil. Currently, as per the physician progress note dated 3/18/15, the injured worker complains of low back pain that radiates to both legs which has increased since the last visit. The pain was rated 5 on pain scale last visit and now it was rated 5.5. The pain without the medications was rated 8. He reports poor sleep quality and activity level is unchanged. The injured worker reports medications alleviate the pain and he has a consult with orthopedic surgeon on 3/19/15. The physical exam revealed lumbar spine range of motion was restricted. There was spasm, tenderness and tight muscle band noted both sides. The injured worker was not able to walk on heel or toes. The straight leg raise was positive on the left and tenderness was noted over the spinal column. The sensory exam revealed light touch sensation was patchy in distribution. There was no urine drug screen noted. The physician noted that the injured worker would like to

be able to taper medications; however he has been unable to do it on his own. The physician requested treatment included Referral to detox program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Referral to detox program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Guidelines state that detox programs have uncertain risks and benefits and its use is not supported. In this case, the patient is currently on MS Contin and Norco and the patient has been recommended for weaning. The medical records do not indicate that the patient would not be able to be successfully weaned at a slow rate as an outpatient. In addition, the patient does not demonstrate any aberrant drug behavior such as abuse and dependence. The request for referral to detox is not medically appropriate and necessary.