

<b>Case Number:</b>	CM15-0098463		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 52-year-old female, who sustained an industrial injury, March 11, 2013. The injured worker previously received the following treatments Vicodin, Fioricet and Orphenadrine. The injured worker was diagnosed with cervical spondylosis, C5-C6 right sided disc herniation, traumatic brain injury, depression and impingement syndrome of the bilateral shoulder and cervicogenic headaches. According to progress note of April 13, 2015, the injured workers chief complaint was neck pain and right shoulder pain. The injured worker was very frustrated and anxious. The injure worker was crying. The injured worker believed that she was becoming addicted to pain mediation and was unable to get off from it. The injured worker become very depressed and was pleading for help. The physical exam noted the injured worker to be very anxious and crying. The motor and sensory exam was grossly intact. There were no obvious deformities. The progress note of February 9, 2015, the physical exam noted tenderness to palpation, right medial to right scapula, within the rhomboid muscles. There was tenderness with palpation over the shoulder. The motor exam was 5 out of 5 throughout bilateral upper extremities. The sensation was intact to light touch. The treatment plan included a request for pain management detoxification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Detox:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127 and the Official Disability Guidelines (ODG); Pain (updated 4/30/15) - Online version, Detoxification.

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

**Decision rationale:** MTUS discusses Detoxification and recommends gradual weaning when withdrawing from a psychoactive substance. Medical records in this case discuss possible opioid dependence and a request for detox. Given the very limited information, available, off-based detoxification/weaning of opioids may be an option. The records are unclear regarding specifically what medications are to be detoxed and what means of tapering these medications may have been attempted previously. Without such clarifying information, it is not possible to apply a guideline in support of this request. This request is not medically necessary.