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**Notice of Independent Medical Review Determination**

Dated: 8/21/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

6/12/2013

12/14/2006

7/9/2013

CM13-0001072

- 1) MAXIMUS Federal Services, Inc. has determined the request for medically supervised detoxification program **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/9/2013 disputing the Utilization Review Denial dated 6/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/10/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for medically supervised detoxification program **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 12, 2013:

“The claimant is a 30 year old male who sustained a work related injury on 12/14/2006 from an unknown mechanism. The claimant’s reported diagnoses included failed back syndrome and opioid dependency. Per an evaluation report dated 4/29/13, the claimant is complaining of chronic low back pain radiating to the legs. He exhibits fear avoidance, has depression and anxiety. He is back to work but misses 1 day per week due to flare-ups of pain. An MRI dated 10/12 revealed right hemilaminectomy and a disc protrusion abutting the L5 nerve roots. Electrodiagnostic studies dated 10/12 were within normal limits. The physical examination reveals an antalgic gait with a limp. Lumbar range of motion was limited. There is tightness in the left side of the lower back. Left leg sensation was altered compared to the right. There is significant weakness of both legs, left greater than right. The plan is to go through the medication transition program for one week prior to starting the functional restoration program to be transitioned off the OxyContin and Norco and onto buprenorphine in a structured manner. Request is for a Functional Restoration Program & Outpatient Detox Program.”

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/9/13)
- Utilization Review Determination (dated 6/12/13)
- Chronic Pain Medical Treatment Guidelines (2009), Detoxification, pg. 45
- Medical Records from [REDACTED] (dated 3/26/13-5/7/13)
- Medical Records from [REDACTED] (dated 8/22/12-5/7/13)
- PR2 reports from [REDACTED], P.A. (dated 11/29/12-5/18/13)
- Request for Authorization from [REDACTED] (dated 5/7/13-5/8/13)
- Chronic Pain Psychosocial Evaluation from [REDACTED], PH.D (dated 4/29/13)
- Medical Records from [REDACTED] (dated 2/4/13)
- Medical Records from [REDACTED] (dated 10/9/12)
- MRI Lumbar Spine W/O Contrast from [REDACTED] (dated 10/1/2012)

#### **1) Regarding the request for medically supervised detoxification program :**

##### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), Detoxification Section, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (May, 2009), Weaning of Medications Section, of the Medical Treatment Utilization Schedule (MTUS) relevant and appropriate for the issue at dispute.

##### Rationale for the Decision:

On 12/14/16 the employee sustained a work-related injury to the back. A medical evaluation dated 3/26/13 indicates the employee continues to experience chronic low back pain with radiation to both legs. The medical records provided and reviewed indicate treatment included a lumbar laminectomy and long term use of analgesics including Oxycontin, Norco and Zanaflex. A request was submitted for a medically supervised detoxification program.

MTUS Chronic Pain Guidelines, Weaning Section, recommend gradual weaning for long-term opioid users. If tapering of medications is not tolerated, then referral to an expert (pain specialist, substance abuse specialist) is recommended. The medical records provided and reviewed do not indicate that the treating physician has tried tapering off of the medications before recommending referral to a detoxification program. The request for a medically

supervised detoxification program **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.