MAXIMUS Federal Services

Case Number:	CM13-0028486		
Date Assigned:	11/27/2013	Date of Injury:	10/07/1991
Decision Date:	03/12/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty Interventional Spine 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 physician 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/services.

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 patient is a 59-year-old male with date of injury 10/7/91. The patient's listed diagnoses dated 8/1/13 are: chronic pain syndrome, somatization disorder, opiate dependence, benzodiazepine dependence, major depression, status post fusion L3 through sacrum, degenerative disc disease C4- C7 and L2-L3, status post ORIF right knee and left wrist, obesity, hypertension and hypogonadism. According to progress report dated 8/1/13, the patient complains of increasing pain with severe pain in a number of areas including his thoracic region. He reports bilateral numbness in his extremities with no relief from medication use. The patient presents with escalating recurrent somatization with constant pursuing of narcotics and benzodiazepines. He is physically deconditioned, isolates and is depressed with loss of interest and pleasure in life with suicidal ideations. The patient's physical examination shows that the patient was oriented to time and place. Head and neck, respiration, abdomen, lymph node and skin examination were within normal limits. Abnormal gait was noted with a wide stance creating instability and dizziness. The patient is currently taking hydrocodone, Temazepam, Tramadol, Atenolol, Baclofen, Risperidone, Lyrica, Bupropion hydrochloride, Losartin and Paraxentine. The patient's provider is requesting a multidisciplinary program for 14 days to detoxify from narcotics and benzodiazepines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary program for 14 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32, 42, 102-103.

Decision rationale: MTUS guidelines on detoxification states that gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probably risk of withdrawal symptoms. In addition, guidelines do not recommend rapid detox but a gradual waning, and the data supporting the safety and effectiveness of opioid antagonist agent detoxification under sedation or general anesthesia is limited stating that "The policy recommendations state that opioid detoxification should be part of an integrated continuum of services that promotes ongoing recovery from addiction." In this patient's case, the medical records submitted for review indicates that the patient presents with chronic pain syndrome and narcotics and benzodiazepine dependence. The patient has had multiple surgeries over the last 22 years. However, guidelines do not discuss a multi-disciplinary approach to detoxification. The guidelines recommend slow weaning and an approach tailored to each individual. This is something that the patient's treating provider can accomplish without relying on a 14-day course or other detox program. Thus, the request is not medically necessary. The request for multidisciplinary program for 14 days facility: [redacted] Multidisciplinary Program is not medically necessary and appropriate.