

Case Number:	CM14-0102683		
Date Assigned:	07/30/2014	Date of Injury:	04/04/2011
Decision Date:	09/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old female who reported an injury on 04/04/2011. The mechanism of injury was a fall. The diagnoses included lumbar sprain/strain, chronic pain syndrome, contusion of the back, degenerative lumbar/lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, lumbar sprain/strain, lumbosacral spondylosis, and spinal stenosis. Previous treatments included medication. Within the clinical noted 05/28/2014, it was reported the injured worker complained of neck pain and low back and bilateral lower extremity pain. The injured worker reported worse pain and is unable to do more without the medication. Upon the physical examination, the provider noted the injured worker's gait and movements are within baseline for their function. The provider noted the injured worker was alert and oriented without overt signs of intoxication or sedation. The request submitted is for a 5 day detox program; however, the rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Day 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 Page(s): 42..

Decision rationale: The request for 5 Day Detox Program is not medically necessary. The California MTUS Guidelines recommend the detoxification program is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. It may be necessary due to the following, including intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or 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. The clinical documentation submitted does not indicate the injured worker has having intolerable side effects, lack of response, or aberrant drug seeking behaviors as related to abuse or dependence. The clinical documentation submitted did not indicate a substance misuse or abuse or evidence of complications with the injured worker's medication usage. There is lack of documentation of side effects with prior medication usage. Therefore, the request is not medically necessary.