

Case Number:	CM13-0024023		
Date Assigned:	11/20/2013	Date of Injury:	02/13/2006
Decision Date:	02/03/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/13/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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. 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 patient is a 59-year-old female who reported a work-related injury on 02/13/2006. The specific mechanism of injury was not stated. The patient currently presents for treatment of the following diagnoses: status post carpal tunnel release to the right hand arthroscopically converted to an open procedure with development of severe complex regional pain syndrome in the right upper extremity, possible neuroma over the volar incision site as well as in the right hand, reactive depression and anxiety disorder related to chronic pain, history of triggering of the digits of the thumb and long finger now stable, and history of cognitive dysfunction from other pain medications. The clinical note dated 09/09/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports continuing ongoing throbbing pain to the right wrist and hand with ongoing hypersensitivity, intermittent burning, and cold sensation. The patient reports she had been utilizing a Butrans patch on a weekly basis. The patient reports she can only utilize the patch for two to three days and then develops a skin rash. The provider documents he administered the patient a prescription for Talwin, another agonist/antagonist to utilize on days the patient is not able to utilize the Butrans pain patch. The patient reports she utilizes one to two tablets of Talwin a week and rates her pain at an eight out of ten. Without medication, the pain is ten out of ten and the patient does not function well. With medication combination, the patient rates her pain at a six out of ten. The provider documented upon physical exam of the patient right upper extremity exam was unchanged. The provider administered a prescription for Talwin tabs one to two tabs every day as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Talwin #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient presents with right upper extremity pain complaints status post a work-related injury sustained in 2006. The requesting provider documents the patient utilizes a Butrans patch in addition to the use of Talwin, as the patient cannot tolerate utilization of the patch for more than two to three days. However, California Medical Treatment Utilization Schedule (MTUS) / American College of Occupational and Environmental Medicine (ACOEM) does not specifically address this medication; the Official Disability Guidelines indicate there is no evidence that supports the addition of Talwin or butorphanol to decrease side effects. In addition, California Medical Treatment Utilization Schedule (MTUS) indicates Talwin "is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Given all of the above, the request for Talwin #60 is neither medically necessary nor appropriate.