

Case Number:	CM14-0138069		
Date Assigned:	09/05/2014	Date of Injury:	05/05/1994
Decision Date:	10/02/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 63 year old female who was injured on 5/5/1994. She was diagnosed with chronic low back pain, degenerative lumbosacral disc disease, lumbar spinal stenosis, thoracolumbar radiculopathy, flatback syndrome, kyphoscoliosis, lumbar pseudoarthrosis, and morbid obesity. She was treated with topical and oral opioids, anti-epileptic medications, surgeries (lumbar), muscle relaxants, and antidepressants. The worker was seen recently on 8/6/14 by her treating physician for a follow-up complaining of her continuing lower back pain on the left side radiating down her leg leg/foot waiting for approval for another back surgery. She reported taking multiple medications including Duragesic patch 25 mcg every three days and Pentazocine/Naloxone 50 mg/0.5 mg two three times daily which she had been using for at least months previous to this visit. No report on functional or pain-relief benefits of her medications was documented. Her physician then renewed her Pentazocine/Naloxone, Protonix, Disalcid, Prozac, and Duragesic patch with instructions to return in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pentazocine/Nalaxone 50mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004, Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that mixed agonists-antagonist opioid analgesics, such as Pentazocine/Naloxone, have limited use among chronic pain patients because of their ceiling effect for analgesia that results in the analgesic effect not increasing with dose escalation. The MTUS also states that opioids, in general, may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was no such documentation of any review of these items including the functional and pain-reducing effects of Pentazocine/Naloxone. As this medication is generally not appropriate for chronic pain treatment and there is lack of evidence for benefit, it becomes not medically necessary.