

<b>Case Number:</b>	CM14-0177591		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	09/06/1997
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 62-year-old male with a 9/6/1997 date of injury. A progress reported dated 10/3/14 noted subjective complaints of difficulties with activities of daily living including climbing stairs, walking, shopping, and housework. Objective findings included crepitus in the shoulders and normal DTRs. The patient's medications include Talwin NX, Tramadol, and Xanax. Diagnostic Impression: Cervical-scapular myofascial pain and DJD. Treatment to Date: medication management. A UR decision dated 10/13/14 denied the request for Talwin NX 30 mg/ml #180 with 1 refill. There is no evidence of drug toxicology testing. There is insufficient information regarding improved functionality with the use of opioid medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Talwin NX 30mg/ml #180 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Workers Compensation Drug Formulary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 1997 date of injury, the duration of opiate use to date was not clear. In addition, there was no rationale for concurrent prescriptions for Talwin and Tramadol. There was no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records did not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Talwin NX 30 mg/ml #180 with 1 refill was not medically necessary.