

Case Number:	CM14-0178635		
Date Assigned:	10/31/2014	Date of Injury:	08/17/1985
Decision Date:	12/08/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/28/2014

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, has a subspecialty in Pain Medicine 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 69 year-old male with a date of injury of April 29, 1996 and a previous date of injury of August 17, 1985. The patient's industrially related diagnoses include post-laminectomy syndrome of the cervical spine, degeneration of cervical disk, cervicgia, cervical radiculitis, and post laminectomy syndrome of the lumbar spine, lumbago, and lumbosacral neuritis. The disputed issues are Omeprazole 20mg OD #30 plus 3 refills, Talwin NX 1 tab 4 times a day, #120 with 3 refills, and Paroxetine 20mg OD #30 with 3 refills. A utilization review determination on 10/7/2014 had non-certified Omeprazole and partially certified Paroxetine and Talwin NX. The stated rationale for the denial of Omeprazole was: "There is no mention of any concurrent NSAID therapy or ongoing gastrointestinal symptoms that warrant further use of Omeprazole with 3 refills. The rationale for partially certifying Paroxetine was because the treating physician stated that it was working well to control the patient's psychological symptoms. Lastly, the stated rationale for the partial certification of Talwin NX was: "Guidelines do not recommend Talwin NX for treatment of chronic pain as there is no evidence to support the additional of Pentazocine to decrease die effects from opioids..." However, the treating physician stated the patient has been utilizing Talwin for approximately a year with good results, decreasing the patient's pain from severe to moderate, and the treating physician requested continuation of the same medication while surgical intervention is being explored.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg OD #30 plus 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation NSAIDs, and GI Symptoms & Cardiovascular Risk

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GNSAIDs and GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Omeprazole 20mg (Prilosec) is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines state that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. In the submitted documentation available for review, there was no indication that the injured worker had complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the injured worker was taking a NSAID at the time when Omeprazole was most recently prescribed. Based on the guidelines, the request for Prilosec 20mg #60 with 3 refills is not medically necessary.

Talwin NX, 1 tab 4 times a day, #120 plus 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Overall Classification and Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, and Pain Chapter: Pentazocine (Talwin/Talwin NX)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Pentazocine (Talwin/Talwin NX)

Decision rationale: Talwin NX (Pentazocine) is a mixed agonist-antagonist opioid. The Chronic Pain Medical Treatment Guidelines state that mixed agonists-antagonists 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. Additionally, Official Disability Guidelines do not recommend Talwin NX stating that there is no evidence that supports the addition of Pentazocine (Talwin) to decrease side effects from opioids. In the submitted documentation available for review, the treating physician documented analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors with on-going use of Talwin. The severity of pain with the use of Talwin NX was rated at 6/10 and without medication it was rated 8/10. Furthermore, there was documentation that the injured worker did not exhibit aberrant drug-related behavior or any significant side-effects. However, the guidelines do not recommend the use of Talwin NX in the management of acute pain or chronic pain. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Talwin NX #120 with 3 refills is not medically necessary.

Paroxetine 20mg OD #30 plus 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines SSRI Page(s): 107.

Decision rationale: Regarding the request for Paroxetine 20mg (Paxil), Chronic Pain Medical Treatment Guidelines state that although selective serotonin reuptake inhibitors (SSRIs) are not recommended as a first-line treatment for chronic pain, SSRIs may have a role in the treatment of secondary depression. The ODG recommends SSRI for the management of major depressive disorder and generalized anxiety disorder. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. In the submitted documentation available for review, there is indication that the injured worker has depression and anxiety. In the progress report dated 7/10/2014, there is no documentation indicating whether or not the injured worker has responded to the Paroxetine treatment. However, the Utilization Review report stated that after speaking to the treating physician, he stated that Paroxetine was working well to control the injured worker's psychological symptoms. In the documentation, the neurological/psychiatric exam was appropriate and did not indicate depression. While Paroxetine is appropriate for this injured worker, medical necessity has not been established for the additional 3 refills without additional documentation by the treating physician of the injured worker's response to this medication. Therefore, the requested Paroxetine 20mg with 3 refills is not medically necessary.