

<b>Case Number:</b>	CM14-0036821		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/06/2000
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old female with an 8/6/00 date of injury. At the time (3/3/14) of the request for authorization for Talwin NX #150, there is documentation of subjective (pain level 7/10 with medication and 9/10 without medication) and objective (tight paraspinal muscles) findings, current diagnoses (fibromyalgia, scoliosis, degenerative joint disease lumbar spine, chronic pain disorder, and depression), and treatment to date (medication including chronic opioid therapy)

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Talwin NX #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Criteria for use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary last updated 01/07/2014, Opioids and medications for Acute pain, Pentazocine (Talwin/TalwinNX).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Pentazocine, Medications for acute pain, and Opioids.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identify 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. ODG identifies Talwin (pentazocine) is not recommended. There is no evidence that supports the addition of pentazocine (Talwin) to decrease side effects from opioids. In addition, ODG identifies 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. Therefore, based on guidelines and a review of the evidence, the request for Talwin NX #150 is not medically necessary.