

Case Number:	CM14-0048303		
Date Assigned:	07/02/2014	Date of Injury:	08/09/2007
Decision Date:	08/21/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/16/2014

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 and is licensed to practice in New York. 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 claimant is a 50 year old male who sustained an industrial injury on 08/09/2007. The mechanism of injury was not provided for review. His diagnoses include chronic low back pain, failed back syndrome, chronic regional pain syndrome, sleep disorder, and depression. He continues to complain of low back pain and on exam has a still gait with tenderness in the lumbar paravertebral muscles with decreased range of motion. Motor exam is normal and he is hypersensitive to touch. Treatment has included medical therapy with opioids, surgery and a trial of a spinal cord stimulator. The treating provider has requested Restoril 30mg #30, Talwin NX #120, and Butrans Patch mcg 1 patch every 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Talwin NX Quantity 120 One To Two By Mouth Every Six Hours As Needed For Pain:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X Opioids page 93, 94-96 (pdf format) Page(s): 93 94-96. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013: Talwin NX.

Decision rationale: There is no specific indication for Talwin NX. TALWIN Nx is intended for oral use only. Severe, potentially lethal, reactions may result from misuse of TALWIN Nx by injection either alone or in combination with other substances. Pentazocine is a synthetically-prepared prototypical mixed agonist-antagonist narcotic (opioid analgesic) drug of the benzomorphan class of opioids used to treat moderate to moderately severe pain. Pentazocine is used primarily to treat pain, although its analgesic effects are subject to a ceiling effect. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. In addition, the documentation provided is lacking of California MTUS opioid compliance guidelines including risk assessment profile, attempts at weaning/tapering, updated efficacy, and an updated signed patient contract between the provider and the claimant. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested item is not established. The requested treatment is not medically necessary.

Butrans Patch 20 MCG Quantity FourOne Patch Every Seven Days: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X Buprenorphine pages 26-27 Page(s): 26-27.

Decision rationale: Butrans (Buprenorphine transdermal system) is a transdermal formulation of Buprenorphine indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period of time. There is no specific indication for the medication. The documentation does not indicate if the medication is being prescribed for detox off opioids or for chronic pain management and what specific functional benefit has been achieved. Medical necessity for the requested item has not been established. The requested item is not medically necessary.