

Case Number:	CM14-0050492		
Date Assigned:	06/25/2014	Date of Injury:	05/16/1992
Decision Date:	07/25/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	03/24/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 who reported an injury on 05/16/1992 from an unknown mechanism of injury. The injured worker's diagnoses included degeneration of thoracic or thoracolumbar intervertebral, kyphosis, and chronic back pain. The injured worker had a history lower and mid back pain for 30 years. On examination on 02/12/2014, the injured worker had moderate pain in the middle and lower back which was stable, persistent, and non-radiating. The pain was relieved with medication and rest. The injured worker was happy with his medication regimen and did not wish to change it. The current medications included Pentazocine-naloxone 50 mg, Nabumetone 500 mg, Flexeril 10 mg, Allopurinol 300 mg, and Vitamin B Complex. The injured worker reported that he was able to ascend/descend stairs, complete community errands, complete cooking activities, dress/undress self, drive, get in/out of the bathtub, and wash his armpits, back and hair. The lumbar spine range of motion showed lateral flexion at 20 degrees bilaterally, extension 30 degrees, and flexion 45 degrees. The injured worker was able to continue regular job duties. The prior treatment plan included activities as tolerated and medication. The treatment request was for Pentazocine/Naloxone HCL 50/0.5mg #90 with two refills and Flexeril 10mg. The request for authorization form was submitted but not dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pentazocine/Naloxone HCL 50/0.5mg #90 with two refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75.

Decision rationale: The request for Pentazocine/Naloxone HCL 50/0.5mg #90 with two refills is not medically necessary. The injured worker has a past history of low back pain. The California MTUS guidelines state that mixed agonists-antagonists are another type of opiate analgesics that may be used to treat pain. They include such drugs as Butorphanol (Stadol), Dezocine (Dalgan), Nalbuphine (Nubain) and Pentazocine (Talwin). 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. Partial agonists-antagonists: agents that stimulate the analgesic portion of opioid receptors while blocking or having little or no effect on toxicity. Partial agonists-antagonists have lower abuse potential than pure-agonists; however, the side effects of this class of analgesics include hallucinations and dysphoria. Opioid antagonists such as Naloxone are included in this class. They are most often used to reverse the effects of agonists and agonist-antagonist derived opioids. The guidelines do not support the use of Pentazocine due to the limited use for chronic pain because of the ceiling effect it has. There was lack of documentation of the efficacy of said medication. There was no rationale to the medical necessity of said medication. As such, the request for Pentazocine/Naloxone HCL 50/0.5mg #90 with two refills is not medically necessary.