

Case Number:	CM15-0133635		
Date Assigned:	07/21/2015	Date of Injury:	04/22/1997
Decision Date:	08/21/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/10/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 66-year-old male, who sustained an industrial injury on April 22, 1997. The injured worker was diagnosed as having degenerative lumbar/lumbosacral intervertebral disc, lumbar radiculitis, lumbar stenosis and lumbar post laminectomy syndrome. Treatment to date has included epidural steroid injection, multiple surgeries, therapy and medication. A progress note dated June 5, 2015 provides the injured worker complains of chronic intractable back pain and sciatica. He reports Talwin NX decreases his pain greatly and improves function. Physical exam notes tenderness of the lumbar paravertebral area with hypertonicity, tenderness of the left sciatic notch and decreased lumbar range of motion (ROM). The plan includes Talwin NX and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

One TALWIN NX, QTY: 120 with no refills specified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-79.

Decision rationale: The request for Talwin is considered not medically necessary. MTUS guidelines do not address the use of Talwin. According to ODG guidelines, Talwin is not recommended for the treatment of chronic pain. There is no evidence that the addition of Pentazocine will decrease opioid-induced side effects. Because of its ceiling effect, it has limited use in chronic pain patients. Therefore, the request is considered not medically necessary.