

Case Number:	CM15-0148711		
Date Assigned:	08/12/2015	Date of Injury:	12/15/1994
Decision Date:	09/09/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/31/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male who sustained an industrial injury on 12-15-1994. The injured worker was diagnosed with internal derangement of the knee. The injured worker is status post total knee arthroplasty in 2008. Treatment to date has included diagnostic testing, surgery, physical therapy and medications. According to the treating physician's progress report on June 26, 2015, the injured worker continues to experience right knee pain rated at 5 out of 10 on the pain scale with medications and 9 out of 10 without medications. Examination demonstrated tenderness in the parapatellar right knee and tenderness over the surgical incision of the left knee. Range of motion noted flexion at 95 degrees on the right, 90 degrees on the left with left knee flexion accompanied by pain. Extension of the right knee noted 0 degrees and left was minus 2-3 degrees. Current medication was noted as Talwin NX. Treatment plan consists of continuing medication regimen, serum blood test for opioid concentration range and compliance, needs a primary treating physician and the current request for Talwin NX with refills. A progress report dated April 2, 2015 states that the medication allows the patient to emulate and shop with his wife. He is doing a home exercise program to maximize his functional capacity and range of motion. The pain would be excruciating without the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Talwin NX #360 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Pentazocine (Talwin/Talwin NX).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Talwin, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Talwin is medically necessary.