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| <b>Case Number:</b>   | CM15-0166303 |                              |            |
| <b>Date Assigned:</b> | 09/04/2015   | <b>Date of Injury:</b>       | 03/15/2004 |
| <b>Decision Date:</b> | 10/07/2015   | <b>UR Denial Date:</b>       | 07/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/24/2015 |

### 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: Texas, California  
 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:

This is a 56-year-old female patient, who sustained an industrial injury on 3-15-2004. She sustained the injury while attempting to restrain a patient. The diagnoses include lumbar arthrodesis, carpal tunnel syndrome, cervical post laminectomy syndrome, cervical spinal stenosis, myalgia-myositis, scoliosis, cervical disc displacement, lumbar post laminectomy syndrome, lumbosacral and cervical disc degeneration, sacroilitis and lumbosacral spondylosis. Per the progress note dated 7-16-2015, she had complains of neck, back and right shoulder pain with an average pain rating of 6 out of 10. Physical examination showed cervical tenderness with painful decreased range of motion, lumbar tenderness with reduced range of motion and left shoulder weakness. The medications list includes ibuprofen, trazodone, cyclobenzaprine, cymbalta, reglan, dexilant, tigan, amrix, pentazocin-acetaminophen and fiorinal. She has undergone multiple cervical spine surgeries, right shoulder surgery and lumbar spine surgery. She has had multiple diagnostic studies including cervical and lumbar spine MRIs and X-rays. She has had work restrictions, home exercise program, acupuncture, physical therapy, psychotherapy, epidural steroid injection, trigger point injections and sacroiliac injections for this injury. Documentation states that acupuncture and a right sacroiliac injection has provided improved pain relief. She has had urine drug screen on 6/23/15. The treating physician is requesting Pentazocine-Acetaminophen 25mg-650mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pentazocine-Acetaminophen 25mg-650mg #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Pentazocine-Acetaminophen 25mg-650mg #120. Pentazocin is a mixed agonists-antagonists opioid. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." Patient has had a history of multiple back and neck surgeries. Patient had chronic neck, back and right shoulder pain. She has objective findings on physical examination- cervical tenderness with painful decreased range of motion, lumbar tenderness with reduced range of motion and left shoulder weakness. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Patient is already taking ibuprofen, trazodone, cyclobenzaprine, cymbalta, amrix and fiorinal (non-opioid medications). Therefore, based on the clinical information obtained for this review the request for Pentazocine-Acetaminophen 25mg-650mg #120 is deemed medically appropriate and necessary for this patient at this time for prn use.