

<b>Case Number:</b>	CM15-0051345		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	10/12/2005
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 61-year-old male, with a reported date of injury of 10/12/2005. The diagnoses include cervical disc displacement without myelopathy, cervical disc degeneration, lumbar disc degeneration, bilateral acromioclavicular osteoarthritis and bilateral supraspinatus tendinitis, and lumbar spondylosis. Treatments to date have included oral medications and an MRI of the lumbar spine. The progress report dated 02/17/2015 indicates that the injured worker complained of neck pain, thoracic pain, low back pain, and bilateral upper extremity pain. He also complained of bilateral buttock, bilateral anterior thigh, chest, and abdomen pain. He informed the treating physician that the hydrocodone/acetaminophen caused itching. The injured worker declined the use of that medication and would like to return to another pain medication. Talwin NX was discussed. The physical examination showed tenderness in the paravertebral lumbar muscles on the left; decreased cervical range of motion; decreased lumbar range of motion; decreased bilateral shoulder range of motion; and good bilateral grip. The treating physician requested Talwin NX. Treating physician notes dated 11/13/2014, 01/19/2015, and 03/16/2015 were also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Talwin NX, #120, with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. [www.RxList.com](http://www.RxList.com). Non-MTUS website ODG Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm) and Non-MTUS website [drugs.com](http://drugs.com) and Non-MTUS website Epocrates Online, [www.online.epocrates.com](http://www.online.epocrates.com) and Non-MTUS website Monthly Prescribing Reference, [www.empr.com](http://www.empr.com) and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, mixed agonist-antagonists, Weaning of medications Page(s): 75, 124.

**Decision rationale:** Talwin-NX (pentazocine with naloxone) is a combination medication in the mixed agonist-antagonist opioid and the anti-opioid classes. The MTUS Guidelines do not encourage the use of this type of opioid because pain relief often does not occur with increased doses. The submitted and reviewed documentation indicated the worker was experiencing pain throughout the back that went into the left leg, neck pain, pain in both arms, pain in both upper legs, and headaches. Documented pain assessments were incomplete and did not include many of the important elements encouraged by the Guidelines. There was no indication why opioids were needed, serial monitoring of pain intensity or function with and without this type of medication, or indication of how often medication was needed and used. These records suggested the worker had taken this medication in the past, but no details about its use were provided. Further, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 120 tablets of Talwin-NX (pentazocine with naloxone) 50/0.5mg is not medically necessary.