

Case Number:	CM15-0083631		
Date Assigned:	05/05/2015	Date of Injury:	12/15/1994
Decision Date:	06/10/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/01/2015

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

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/work injury on 12/15/94. He reported initial complaints of knee pain. The injured worker was diagnosed as having right knee internal derangement. Treatment to date has included medication, surgery (open reduction and internal fixation (ORIF) of the left knee and right knee total arthroplasty), and home exercise program. Currently, the injured worker complains of chronic bilateral knee pain that was deep, aching, and throbbing and rated 5/10 with medication and 9/10 without medication. Per the primary physician's progress report (PR-2) on 4/2/15, examination revealed axial loading aggravated the knee pain, diminished bilateral knee range of motion, right knee parapatellar tenderness, left knee tenderness over a surgical incision. Current plan of care included medication (Celebrex, Prevacid, and Talwin NX). The requested treatments include Talwin NX.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Pentazocine (Talwin/Talwin NX) (20015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Pentazocine (Talwin/Talwin NX).

Decision rationale: The patient was injured on 12/15/94 and presents with right knee pain. The request is for Talwin NX #300 with 2 refills. There is no RFA provided and the patient is permanent and stationary. There are three progress reports provided from 10/09/14, 01/05/15, and 04/02/15. The patient has been taking this medication as early as 10/09/14. ODG guidelines, under Drug Formulary, Pentazocine (Talwin/Talwin NX) Topic, mentions Stadol, "Mixed agonists-antagonists, where it says that mixed agonists-antagonists, including butorphanol (Stadol), dezocine (Dalgan), nalbuphine (Nubain) and pentazocine (Talwin), 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." MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "criteria for use of opiates for long-term users of opiates (6 months or more)" states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, the reason for the request is not provided. The 10/09/14 report states that "Talwin NX 'is working.'" None of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any before and after pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as urine drug screens, CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Talwin IS NOT medically necessary.