

<b>Case Number:</b>	CM14-0129894		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	06/17/1985
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 69-year-old male with an 8/17/85 date of injury, and L4-L5 Lumbar fusion in 1985. At the time (7/16/14) of request for authorization for Talwin NX 1 tab QID prn pain #120, there is documentation of subjective (low back pain) and objective (decrease lumbar range of motion) findings, current diagnoses (post laminectomy lumbar pain), and treatment to date (medications (including ongoing treatment with Pentazocine, Paroxetine, Robaxin, and Tamsulosin since at least 11/25/13) and epidural steroid injection). A 7/10/14 medical report identifies that there is ongoing opioid treatment agreement. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Pentazocine use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Talwin NX 1 tab QID prn pain #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, painPentazocine(Talwin/Talwin NX)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Pain (Chronic), Pentazocine (Talwin/Talwin NX) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** The MTUS Chronic Pain Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The ODG identifies that there is no evidence that supports the addition of Pentazocine (Talwin) to decrease side effects from opioids and that mixed agonists-antagonists 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. Within the medical information available for review, there is documentation of a diagnosis of post laminectomy lumbar pain. In addition, there is ongoing treatment with Pentazocine. Furthermore, given documentation that there is ongoing opioid treatment agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Pentazocine use to date. Therefore, based on guidelines and a review of the evidence, the request for Talwin NX 1 tab QID prn pain #120 is not medically necessary.