

Case Number:	CM15-0000564		
Date Assigned:	01/12/2015	Date of Injury:	12/20/1996
Decision Date:	03/06/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/02/2015

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 66 year old male, who sustained an industrial injury on 12/20/1996. He had reported a low back injury. The diagnoses have included degeneration of thoracic and lumbar disks, thoracic radiculitis, thoracolumbar facet syndrome, and sacroiliac ligament sprain/strain. Treatments to date have included medications. Currently, the IW complains of mid and low back pain. The physician stated the injured worker had a dorsal column stimulator permanent electrode placed on 08/19/1999, suffered a postoperative cellulitis which did not respond to antibiotics, and the stimulator was removed on 04/07/2000. On 12/10/2014, the injured worker submitted an application for IMR for review of Talwin NX #120. On 12/17/2014, Utilization Review modified the above request to Talwin NX #100 for purposes of continuing opioid taper for discontinuation over the course of the next 2-3 months. The Utilization Review physician noted there was lack of evidence for clinical efficacy with prior use and is not encouraged for long term use beyond 16 weeks. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Talwin NX #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

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 no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Talwin is not medically necessary.