

Case Number:	CM14-0144438		
Date Assigned:	09/12/2014	Date of Injury:	11/14/2013
Decision Date:	10/07/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/05/2014

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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a 54 year old woman with a date of injury of 11/4/13. She was seen by her primary treating physician on 8/4/14 with complains of low back and left leg pain. She is status post epidural injection and is able to work three days per week, 10 hours per day as well as work as a part time phlebotomist. Her medications included Cyclobenzaprine, Hydrocodone/APAP, Naproxen and Omeprazole. Her physical exam showed a tender left sciatic notch and reduced lumbosacral spine range of motion. Her muscle strength was grade 5 and equal and symmetric except dorsiflexion and plantar flexion on the left was 4/5. Her diagnoses were lumbosacral spondylosis, displacement, lumbar disc without myelopathy, degenerative lumbar disc and spondylolisthesis. Due to concerns with the potential for addiction, tolerance and dependence to opioids, she was to be transitioned to Talwin which is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pentazocine Naloxone HCL (Talwin) 50/0.5mg #60/30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 54 year old injured worker has chronic back pain with an injury sustained in 2013. His medical course has included numerous diagnostic and treatment modalities including epidural injections and ongoing use of several medications including narcotics and muscle relaxants. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 8/14 fails to document any improvement in pain, functional status or side effects to justify ongoing use. Additionally, the note indicates there is concern of dependence and the change to Talwin is proposed and not medically substantiated in the records. Therefore, the request for Pentazocine Naloxone HCL (Talwin) 50/0.5mg #60/30 days is not medically necessary and appropriate.