INDEPENDENT REVIEWERS OF TEXAS, INC.
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Notice of Independent Review Decision

[Date notice sent to all parties]:

10/24/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: NON-AUTHORIZATION of pharmacy purchase of Talwin XR 50/0.5 mg one by mouth every 4-6 hours as needed for pain #150

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Clinical report dated 05/14/13
Utilization review dated 10/02/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury in xxxx. The patient underwent a prior lumbar laminectomy; however, it is unclear when this was performed. The patient was seen on 10/14/13 for chronic post laminectomy pain. The patient's physical examination at this visit showed restricted range of motion in the lumbar spine with 40 degrees of flexion. There was paraspinal muscle guarding and there was noted weakness on right hip flexion that was graded as mild. The patient was continued on Talwin at this visit and provided a 1 month supply. Other medications included Soma and Baclofen.

Talwin was denied by utilization review on 10/02/13 as there was no evidence to support the addition of Talwin to decrease side effects from opioid medications. There was also no documentation to establish that opioid medications have failed for this patient.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The clinical documentation provided for review establishes that the patient was being followed for post laminectomy syndrome following a prior surgical intervention for the lumbar spine. The patient was recommended to continue with Talwin for pain control. No further clinical documentation was provided for review establishing the efficacy of ongoing use of Talwin. Per current evidence based guidelines, Talwin is not a recommended medication for chronic pain due to the ceiling effect of the analgesia provided by this medication. Furthermore, there was no documentation establishing that the patient had failed other narcotic medications or that there were issues with opioid addiction. As there was no further clinical documentation available for review to support the request, it is this reviewer's opinion that medical necessity is not established.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines, Online Version, Pain Chapter

Pentazocine (Talwin/Talwin NX)
Not recommended. See Medications for acute pain, where it says there is no evidence that supports the addition of pentazocine (Talwin) to decrease side effects from opioids, and see Opioids, 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.