ReviewTex. Inc.

1818 Mountjoy Drive
San Antonio, TX 78232
(phone) 210-598-9381 (fax) 210-598-9382
reviewtex@hotmail.com

Notice of Independent Review Decision

Date notice sent to all parties:

December 20, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 tablets of Pentazocine/Naloxone HLC 50 MG-0.5MG for 1 month, 3 refills for symptoms related to lumbar spine injury.

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

Board Certified Neurosurgeon

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 01/28/13
Clinical report dated 03/07/13
Laboratory studies dated 03/07/13
Clinical report dated 03/22/13
Radiographs of the lumbar spine dated 03/22/13
Radiographs of the cervical spine dated 03/22/13
Clinical report dated 04/09/13
Procedure report dated 04/24/13
Clinical report dated 05/03/13
Procedure report dated 06/05/13

Clinical report dated 06/25/13
Clinical report dated 08/23/13
Clinical report dated 10/31/13
Letter dated 11/08/13
Prior utilization report dated 11/18/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. No specific mechanism of injury was reported. The patient did have a prior L3-4 decompression and fusion with posterior instrumentation performed in May of 2012. Per the report on 01/28/13, the patient was finishing physical therapy and the patient reported improving left lower extremity pain. Physical examination demonstrated negative straight leg raise with intact motor strength in the lower extremities. There was loss of lumbar range of motion, most notably on extension; however, this had improved from prior visits. Unspecified medications were continued at this visit. The patient was seen on 03/07/13 for neck complaints. The patient was prescribed an extended Medrol dose pack at this visit. Due to intolerable neck pain, the patient was recommended for epidural steroid injections on 03/22/13. Radiographs of the lumbar spine from 03/22/13 showed postoperative changes from L3 to S1 with intact hardware. The patient was seen on 04/09/13 for a consultation regarding potential epidural steroid injections. The patient described continuing complaints of pain in the low back radiating to the left lower extremity with associated numbness and weakness. The patient was noted not to have worked since 2009. Physical examination revealed 2+ and symmetric reflexes and intact strength in the lower extremities. There was increased pain with hyperextension of the lumbar spine and there was loss of lumbar range of motion. The patient was recommended for selective nerve root blocks at L2-3 which were performed on 04/24/13. The patient then underwent cervical epidural steroid injections at C4-5 on 06/05/13. Follow up on 06/25/13 stated that the patient had relief with epidural steroid injections and was recommended for further injections. The report on 08/23/13 stated that the patient has had continued relief with epidural steroid injections. Physical examination demonstrated diffused tenderness in the cervical spine posteriorly. No neurological findings were identified. The patient was continued on Pentazocine as well as Lyrica at this visit. Follow up on 10/31/13 stated that the patient has had persistent pain in the cervical spine radiating to the upper extremities with associated numbness and tingling. The patient reported his pain at 7-8/10 on the VAS. Medications included Lyrica and Pentazocine. Physical examination demonstrated tenderness to palpation in the cervical spine with a moderate amount of spasms present. Motor strength was intact. The patient was recommended for updated MRI studies of the cervical spine. A letter on 11/08/13 indicated that prior medications have included Hydrocodone and Tramadol. The patient reported headaches with the use of Hydrocodone and Ultram was not effective.

Pentazocine was denied by utilization review on 11/18/13 as there was no clear indication to support this medication when other options were available.

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

The patient has been followed for ongoing complaints of low back pain following lumbar fusion as well as a substantial amount of neck pain radiating to the upper extremities. The patient had been prescribed Pentazocine for low back pain. Per current evidence based guidelines, Pentazocine or Talwin is not a recommended medication as there is limited use among chronic pain patients due to ceiling effects for analgesia. In this case, there does not appear to be any substantial pain control with the use of Pentazocine and other narcotic medications have not been considered. There have also been no other referrals for pain management consults for pain control. The patient does not have any toxicology results regarding compliance for this medication and no long term opioid risk assessments were available for review. As the clinical documentation provided for review does not substantiate the functional benefits or pain reduction of pain with the use of Pentazocine and as this medication is not recommended by guidelines, it is this reviewer's opinion that medical necessity in this case is not established.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] 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.