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Notice of Independent Review Decision

[Date notice sent to all parties]:

07/08/2015 and 7/27/2015

IRO CASE

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

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Pentazocine/Naloxone 50-0.5 mg #90 1 tablet every 4 hours refills 3**

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.

PATIENT CLINICAL HISTORY [SUMMARY]: The claimant is a xx-year-old who was being followed for chronic low back pain and sacroiliitis. The claimant was noted to have undergone urine drug screens. The documentation indicated the claimant had postlaminectomy syndrome and continued to have pain that was a 3/10 to 6/10. The claimant was noted to have volunteered to sign a pain contract and volunteered for random toxicology screens which were noted to be consistent.

The documentation of 04/16/2015, revealed the claimant had 3/10 to 6/10 pain. The claimant did well with SI joint injections and had significant improvement in function from a "3 to 5". The claimant had submitted random toxicology screens. The claimant kept pain diaries. The medical records indicated the claimant signed the pain contract and was abiding by its requirements, had volunteered for random toxicology screens that were consistent and had no signs of abuse or overuse. The claimant was utilizing Talwin NX, gabapentin, amitriptyline and chlorzoxazone for flare ups and spasms. The medications allowed the claimant to perform activities of daily living. The Talwin was denied. The claimant was allergic to opioids including hydrocodone and was allergic to erythromycins, latex, Benadryl,

Neosporin, Sulfa, Celebrex, Soma, Coumadin, and Flexeril. The claimant was noted to be doing well with Talwin NX. The documentation indicated the reason for denial was it was not recommended for chronic pain. There is no evidence to support of the addition of Talwin to decrease the side effects from opioids.

The physician documentation of 05/01/2015, revealed the claimant had volunteered for toxicology screens that were consistent and had a pain contract and there was an appeal for Talwin NX for chronic pain.

The documentation of 05/13/2015, revealed there was a medical conference and the claimant would trial tramadol ER 100 mg to 300 mg 2 daily as well as baclofen twice a day for pain.

The subsequent of 06/09/2015, revealed the claimant was being followed for chronic low back pain and sacroiliitis. The claimant trialed multiple medications and did excellent with Talwin NX.

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

The Official Disability Guidelines indicate that Talwin NX is not recommended for the treatment chronic pain as there is no evidence that supports the addition of pentazocine to decrease side effects from opioids. The clinical documentation submitted for review indicated the claimant was utilizing the medication and had no aberrant signs of abuse or overuse. The urine drug screens were consistent and a pain contract was in place. However, there was a lack of documentation of objective pain relief with the use of the medication. There was a lack of documentation of objective functional benefit. The documentation indicated the patient would trial tramadol ER 100 mg to 300 mg 2 daily as well as baclofen twice a day for pain. However, the results of the trial were not noted. Additionally, per the referenced guidelines, Talwin NX is not recommended. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the decision for pentazocine/naloxone 50-0.5 mg #90 1 tablet every 4 hours refills 3 remains upheld.

IRO REVIEWER REPORT TEMPLATE -WC

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES, online, updated 2015, Pain Chapter,