

Case Number:	CM13-0055453		
Date Assigned:	12/30/2013	Date of Injury:	10/21/2007
Decision Date:	04/30/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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:

This is a 51-year old gentleman with a date of injury of 10/21/07. The patient's mechanism of injury is not disclosed in the submitted reports, but he does have diagnoses that include cephalgia, cervical radiculopathy, status post cervical fusion 10/02/09, and left shoulder sprain/strain/adhesive capsulitis, depression/anxiety, headaches, diabetes, and sexual dysfunction. The patient was reportedly seen by an agreed medical evaluator on 10/04/11, and declared permanent and Stationary with Future medical provision for exacerbations, including ortho consult, short courses of physical therapy, prescription medications, injections and manipulation under anesthesia for the shoulders. This agreed medical evaluator is not part of the medical reports submitted for my review. The patient is currently under the care of a pain specialist for chronic pain related to the above diagnoses. The pain specialist has been prescribing Fioricet for headaches/pain on an as needed basis. The patient does not take the medication routinely, as reflected by the various urine drug screen reports submitted. Some show Butalbital, others do not, despite the drug being listed as prescribed on each of the reports. This was submitted to Utilization Review on 11/04/13, and a request for refill of this drug was not recommended for certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTALBITAL/APAP/CAFFINE 50/325/40 MG #30 EVERY 12 HOURS AS NEEDED, QUANTITY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: Butalbital is a Barbiturate. It also has caffeine and acetaminophen. Barbiturate containing analgesics are not guideline recommended for chronic pain. The potential for drug dependence is high and there is no evidence that exists that shows a clinical benefit due to the barbiturate components. Given that the risk for dependency is high, the risk for overuse is high, and the risk of rebound headaches is high, this drug is not supported for chronic use. Continued use of a medication because a patient has developed iatrogenic dependency is not appropriate justification for use. Chronic use is not standard of care or guideline supported. While clearly this medication should be weaned, medical necessity for chronic use is not substantiated. Medical necessity for Butalbital/APAP/Caffeine is not established.