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| <b>Case Number:</b>   | CM13-0064012 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 04/26/2013 |
| <b>Decision Date:</b> | 06/20/2014   | <b>UR Denial Date:</b>       | 12/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/11/2013 |

### 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 Family Medicine, 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:

The patient is an employee of [REDACTED] and has filed a claim for neck sprain / strain associated with an industrial injury date of April 26, 2013. Utilization review from December 3, 2013 denied the request for But/Apap/caffeine. Reasons for denial were not made available. Treatment to date has included physical therapy and oral pain medications. Medical records from 2013 were reviewed showing the patient complaining of cervical spine and lumbar spine pain. The patient also complains of right shoulder and right wrist pain. There was also noted numbness and weakness. On examination, there was tenderness over the cervical and lumbar spines, as well as spasms. Motor strength was noted to be at 4/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUT/CPAP/CAFFEINE #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines §9792.20 - 9792.26 Page(s): 23.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesic agents are not recommended for chronic pain. In this case, the patient has

been taking But/Apap/caffeine since October 2013. This medication is noted to be of help with his symptoms. However, the medication requested is also not recommended based on guidelines. There is no discussion concerning the need for variance from the guidelines. The request for But/CPAP/Caffeine, thirty count, for headache, is not medically necessary or appropriate.