

<b>Case Number:</b>	CM14-0002065		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 a 58-year-old who had a work injury dated September 25, 2012. The diagnoses include lumbar radiculopathy, cervical radiculopathy, cervical disc degeneration, cervical facet arthropathy, chronic pain, L4-L5 extrusion, and headache. There is a request for the medical necessity of butalbital/acetaminophen/caffeine/codeine one p.o #60 with 1 refill. A December 17, 2013 pain physician document states that the patient complains of low back pain that radiates to bilateral lower extremities to the level of foot more on right side. The back pain is associated with weakness, numbness and tingling in the lower extremity. The patient also complains of neck pain. The patient is a status post facet at C4-C6 level on November 26, 2013. The patient was observed to be in moderate distress. The range of motion of the lumbar spine revealed moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the lumbar spine at the L4-S1 level. Lumbar myofascial tenderness and paraspinal muscle spasm was noted on palpation. The range of motion of the cervical spine revealed moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the cervical spine at the C4-C7 level. Cervical myofascial tenderness was noted on palpation. Sensory examination showed decreased touch in the left lower extremity and right lower extremity. Decreased sensation was noted along the L4-S1 dermatome. Motor examination revealed a moderate decrease in motor strength in the right lower extremity and left lower extremity. Decreased motor strength involved the muscles within the L4-S1 dermatome. Straight leg raise with the patient in the seated position and the leg fully extended was positive on the bilateral lower extremities for radicular pain at 50 degrees. The documentation indicates that a primary treating physician report dated November 11, 2013, indicates that the patient complained of ongoing pain to the neck and back and headaches. Physical examination of the cervical spine showed that there were tenderness, spasm

and tightness in the paraspinal muscles. The motion was reduced. There were cervical spine pain and headaches with posterior occipital tenderness. There was weakness with overhead reach bilaterally with lateral shoulder referred pain and tenderness. There was decreased grip strength. The patient was diagnosed with C5-C6 disc herniation and L4-L5 disc herniation with left-sided radiculopathy. The plan was for Butalbital, Acetaminophen, Caffeine and Codeine one PO Q4 to 6 hours #60 with 1 refill.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE ONE PO #60 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s).

**Decision rationale:** The guidelines state that barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. The documentation submitted and the Chronic Pain Medical Treatment Guidelines recommending against this medication do not support the medical necessity of this medication. The request for butalbital/acetaminophen/caffeine/codeine, sixty count with one refill, is not medically necessary or appropriate.