

Case Number:	CM14-0117979		
Date Assigned:	08/06/2014	Date of Injury:	05/29/2012
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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 and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 55-year-old male who reported injury on 05/29/2012. The injured worker underwent an EEG and bilateral hearing tests as well as evoked potential. The mechanism of injury was the injured worker was working a forklift of boxes weighing approximately 800 pounds which were noted to fall on top of the injured worker. The surgical history was noncontributory. The medications were not provided. The injured worker underwent multiple MRIs of the brain. The documentation of 04/17/2014 revealed the injured worker had headaches, post-traumatic head syndrome, difficulty sleeping, and dizziness with intermittent tinnitus. The injured worker indicated his headaches have been worse as he had been running out of medications and was requesting refills. The complaints included the injured worker had cervical spine pain that radiated into the bilateral shoulders that was achy and sore. The injured worker was noted to have headaches almost daily over the bilateral parietal lobes and blurry vision. The physical examination revealed the injured worker had spinous process tenderness, paravertebral muscle spasm and upper trapezius muscle spasm bilaterally. The injured worker had a positive cervical distraction test, maximal foraminal compression, shoulder depression test, and Soto-Hall test on the right. The injured worker's motor strength of the right shoulder was 4/5. The injured worker had decreased range of motion in the right shoulder. The injured worker had a positive Apley's scratch test and supraspinatus test. The injured worker had positive paravertebral muscle spasms. The diagnoses included cervical spine myoligamentous injury, post-traumatic headaches, rule out traumatic brain injury and the treatment plan included postoperative physical therapy for the right shoulder, acupuncture for the lumbar spine, and physical therapy twice a week for 4 weeks for the lumbar spine. There was no DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalbital/Acetaminophen/Caffeine 50/325/40mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs), page 23 Page(s): 23.

Decision rationale: The California MTUS Guidelines do not recommend barbiturate containing analgesic agents. There was a lack of documentation indicating the duration of use as well as the efficacy for the requested medication. The specific medication was not requested per the documentation. There was no DWC Form RFA or PR-2 submitted for review for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Butalbital/Acetaminophen/Caffeine 50/325/40 mg #60 is not medically necessary.