

<b>Case Number:</b>	CM14-0169690		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	07/17/2011
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Interventional Spine 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 a 48-year-old female with date of injury of 07/17/2011. The listed diagnosis per [REDACTED] from 09/03/2014 is spinal stenosis in the cervical region. According to this report, the patient complains of constant severe pain in her neck at a rate of 6/10 in severity. The patient reports radiating pain into her right shoulder and arm. She is experiencing headaches with neck pain. The examination shows the patient's blood pressure is 110/70 and weighs 94 pounds. She is alert and oriented with speech intact. Her gait is normal. Severe headaches persist. The patient has restricted range of motion of the C6 spine level. The Utilization Review denied the request on 09/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butalbital/Acetaminophen/Caffeine (BUT/APAP/CAF), QTY: 90 tablets:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), 2014 Web-based Edition, Pain Section, Barbiturate Containing Medicines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under Pain Chapter on BCAs (barbiturate containing analgesic agents)

**Decision rationale:** This patient presents with neck pain radiating to the right shoulder and arm. The treater is requesting butalbital/acetaminophen/caffeine quantity #90 tablets. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on barbiturate-containing analgesic agents (BCAs) states, "not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show 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 records show that the patient has not tried Fioricet in the past. The 09/03/2014 report notes, "please authorize prescription for Fioricet 325/40 mg 1 tablet every 8 hours quantity #90 because of severe headaches that is not relieved by Norco alone." In this case, ODG Guidelines do not recommend barbiturates for the treatment of headaches given that one of its side effects is a rebound headache. In addition, it is also not recommended for the treatment of chronic pain. Recommendation is for denial.