

Case Number:	CM14-0176644		
Date Assigned:	10/30/2014	Date of Injury:	09/12/2002
Decision Date:	12/05/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/27/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 68-year-old woman who sustained a work-related injury on September 12, 2002. Subsequently, she developed chronic neck pain. According to a progress note dated on September 10, 2014, the patient reported increasing neck pain. The patient physical examination demonstrated cervical tenderness with reduced range of motion. The patient was treated with pain medications and epidural injections with good results. The provider request authorization to use a topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Acetaminophen/Butalbital/Caffeine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCA's).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Fioricet. <http://www.rxlist.com/fioricet-drug.htm>

Decision rationale: Butalbital, Acetaminophen and Caffeine is a combination used for migraine headaches. Its long term use is not recommended in neck pain and there is no documentation of migraine headache. Therefore, the request for the use of Butalbital 50/Acetaminophen

325/Caffeine 40 mg 1 PRN #20, refill: Acetaminophen/Butalbital/Caffeine is not medically necessary.