

<b>Case Number:</b>	CM14-0184374		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	05/09/2004
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 35 year old man who sustained a work-related injury on May 9 2004. Subsequently, the patient developed a chronic neck and back pain. According to a progress report dated on May 23 2014, the patient was complaining of neck pain and headaches. The patient physical examination demonstrated cervical tenderness with reduced range of motion. The patient was diagnosed with cervical and lumbar radiculopathy. The provider requested authorization for a topical analgesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription for butalbital-acetaminophen-caffeine 50mg-325mg-40mg #90: Upheld**

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

**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-acetaminophen-caffeine 50mg-325mg-40mg #90 is not medically necessary.