

<b>Case Number:</b>	CM14-0022317		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	04/17/1991
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Internal Medicine, and Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 75 year-old with a date of injury of 4/17/91. Progress reports associated with the request for services, dated 12/3/13 and 1/30/14, identified subjective complaints of low back pain. Objective findings included tenderness of the lumbar spine with decreased range-of-motion. Diagnoses included common migraine, and lumbar disc disease with radiculopathy. Treatment has included injections, rest, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APAP/BUTALBITAL/CAFF 325-500-40MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that barbiturate-containing analgesics (BCAs) are not recommended for chronic pain. There is no evidence that the barbiturate constituents of BCAs enhance their analgesic efficacy. Also, there is a high potential for drug dependence with these agents. As such, the request is not medically necessary.