

<b>Case Number:</b>	CM14-0023891		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/27/2005
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Nevada. 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 records presented for review indicate that this 45 year-old female was reportedly injured on 4/27/2005. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 4/15/2014 indicates that there are ongoing complaints of chronic headaches. The physical examination demonstrated cranial nerve two through 12 grossly intact, muscle strength 5/5 in all extremities. Deep tendon reflexes 2+ and symmetrical. Sensory exam is normal for bilateral upper and lower extremities. Range of motion no limitations bilateral upper and lower extremities. No recent diagnostic studies are available for review. Previous treatment includes medications and conservative therapy. A request had been made for butorphanol tartrate solution 10mg/ml nasal spray, and was not certified in the pre-authorization process on 2/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF BUTORPHANOL TARTRATE SOLUTION 10MG/ML NASAL SPRAY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74,80.

**Decision rationale:** Stadol is a mixed agonists-antagonists: another type of opiate analgesics that may be used to treat pain. Mixed agonists-antagonists have limited use among chronic pain patients because of their ceiling effect for analgesia that results in the analgesic effect not increasing with dose escalation. - Headaches: not recommended, in particular, due to the risk of medication overuse headache. (Lake, 2008) (Olesen, 2006) See Medication overuse headache. After reviewing the medical documentation provided there is limited objective clinical findings on physical exam that shows reduction in pain and improvement in overall function with the use of this medication. Therefore the continued use of this medication is deemed not medically necessary.