

Case Number:	CM14-0062400		
Date Assigned:	07/11/2014	Date of Injury:	04/28/2005
Decision Date:	09/12/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 58-year-old male with a reported date of injury on 04/28/2005. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include musculoligamentous sprain/strain to the cervical spine, cervical radiculopathy, lumbar musculoligamentous sprain/strain, lumbar degenerative disc disease, lumbar facet joint arthropathy, status post lumbar epidural steroid injection, and depression and anxiety. His previous treatments were noted to include medication, trigger point injections, and epidural steroid injection. The Progress Note dated 02/03/2014 revealed the injured worker complained of pain and discomfort in his neck that radiated from his neck to the upper extremities. The injured worker also complained of low back pain that radiated to the bilateral lower extremities. The injured worker also complained of continuous pain that radiated into his mid back through the trapezius into the occiput of his head. The physical examination was not submitted within the medical records. The provider indicated prescriptions were noted to be Norco 10/325 mg #190 1 tablet 6 to 7 times daily as needed for pain and Lexapro 10 mg #90 three tablets #90 every evening. The Request for Authorization Form was not submitted within the medical records. The request was for Butalbital/aspirin/caffeine/Codeine 325/40/50/30 mg #180; however, the provider's rationale was not supported within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Butalbital/Aspirin/Caffeine/Codeine 325/40/50/30mg, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for 1 prescription for Butalbital/aspirin/caffeine/Codeine 325/40/50/30 mg #180 is non-certified. The injured worker complains of chronic neck, back, and head pain. The Official Disability Guidelines do not recommend barbiturates containing analgesic agents for chronic pain. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy of barbiturate containing analgesics due to barbiturate constitutes. Fioricet is commonly used for acute headache, with some data to support it, but there is risk of medication overuse as well as a rebound headache. There is a lack of documentation regarding the use of this medication and the guidelines do not recommend barbiturates containing analgesics. Additionally, there is a lack of documentation regarding the efficacy of this medication, and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.