

<b>Case Number:</b>	CM14-0084103		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/04/1996
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Internal Medicine and Pulmonary Diseases and is licensed to practice in California, Florida and New York. 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 59-year-old male who reported an injury on 11/04/1996. The mechanism of injury was not provided. The MRI dated 04/10/2014 revealed degenerative bone, disc, and joint changes seen scattered throughout the cervical spine with associated narrowing of the spinal canal at the C5-6 and C6-7 levels. There was also mild narrowing of the right C4 neural foramina and moderate narrowing of the right C5, left C6, and left C8 neural foramina. No prior treatment was provided. No physical examination was provided. The provider recommended butalbital/acetaminophen 50/325/40 mg quantity 20. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butalbital-Acetaminophen 50/325/40mg, #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbituate containing analgesic agents (BCAs) Page(s): 23.

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

**Decision rationale:** The request for butalbital-acetaminophen 50/325/40 mg with a quantity of 20 is non-certified. Official Disability Guidelines do not recommend Fioricet, which is the same

as butalbital-acetaminophen. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy due to the barbiturate constituents. Fioricet is commonly used for acute headaches with some data to support it, but there is risk of medication overuse, as well as rebound headache. As the guidelines do not recommend the use of butalbital-acetaminophen, the medication would not be warranted. As such, the request is not medically necessary.