

<b>Case Number:</b>	CM14-0086404		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 is licensed to practice in Arizona. 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 55 year old man with a work related injury dated 5/29/12 resulting in injuries to his low back, right shoulder, neck, head and left groin. He is noted to have ongoing and debilitating symptoms in his cervical spine with associated cervicogenic headaches. He is managed by a pain specialist for his chronic pain and headaches. A neurological evaluation was done regarding chronic headaches. On 12/5/13 the diagnosis given by the neurologist were posttraumatic head syndrome, disorder of sleep and arousal with nonrestorative sleep, posttraumatic headaches daily, posttraumatic dizziness with intermittent tinnitus, status post right shoulder surgery with residuals, orthopaedic injuries. On 1/27/14 the neurologist prescribed Midrin for headaches which was documented as effective on 3/3/14. On 4/22/14 the injured worker was prescribed Butalbital/ASA/Caff # 60 for headaches. The progress notes for this date are not available for review. The medication was denied on 5/9/14 during utilization review as not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butalbital/ASA/ CAFF # 60 DOS 4/22/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, ODG Treatment Guidelines.

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

**Decision rationale:** Butalbital/ASA/Caff is a Barbiturate-containing analgesic agent (BCAs) used for treating cephalgia. According to the MTUS these agents are not recommended for chronic pain due to the potential for drug dependence being high and no evidence existing to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. In this case the patient has chronic headaches that have been treated effectively with midrin. The use of Butalbital/ASA/Caff is not medically necessary.