

Case Number:	CM14-0099922		
Date Assigned:	09/16/2014	Date of Injury:	09/27/2012
Decision Date:	11/19/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/30/2014

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 Family Medicine and is licensed to practice in California. 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 patient is a 60-year-old male truck driver who sustained an industrial injury on September 27, 2012. The patient is status post right knee meniscectomy and synovectomy on March 14, 2014. The patient is followed for cervical sprain strain, right shoulder posttraumatic arthrosis of the acromioclavicular joint with partial or complete tear of the rotator cuff, anxiety, insomnia, morbid obesity, lumbar sprain/strain secondary to bad biomechanics from use of shoulder brace, and back pain due to limb from right knee posttraumatic arthritis. The patient was evaluated on April 15, 2014 at which time diagnoses included right knee osteoarthritis, anxiety, insomnia, and status post rotator cuff repair and subacromial decompression. Treatment plan included Butabarpital. Panel QME report dated January 16, 2014 notes that the patient is taking Butabarpital. Utilization review dated June 10, 2014 non-certified the request for Butabarpital. 5/325 mg #60 noting that the patient has been taking Butabarpital since November 2013. The prior peer reviewer noted that this medication should be only used on short-term basis. It was also noted that there was no documentation that the patient had failed other simple methods for a diagnosis of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butabarbital 5/325mg #60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682417.html>

Decision rationale: References state that Butabarbital is used on a short-term basis to treat insomnia it is also used to relieve anxiety, including anxiety before surgery. Butabarbital should normally be taken for short periods of time. References state that, "If you take butabarbital for 2 weeks or longer, butabarbital may not help you sleep as well or control your anxiety as it did when you first began to take the medication." However, the medical records indicate that the patient has been on this medication for an extended period of time. References also state that sudden abruption in this medication may cause anxiety, muscle twitching, uncontrollable shaking of the hands or fingers, weakness, dizziness, changes in vision, nausea, vomiting, or difficulty falling asleep or staying asleep, seizures or extreme confusion. As such, the request for Butabarbital 5/325mg #60 is medically necessary.