

Case Number:	CM15-0004204		
Date Assigned:	01/15/2015	Date of Injury:	03/22/2011
Decision Date:	03/17/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old female who reported an injury on 03/22/2011. The mechanism of injury was the injured worker slipped and fell over an extension cord. The injured worker was noted to undergo a PLIF L5-S1 on 12/27/2012, and a right total knee arthroplasty in 05/2014. Other surgical history was noncontributory. The injured worker's medications were noted to include Percocet 10/325 mg, Ritalin 5 mg, Motrin IB 200 mg, Zanaflex 400 mg and Relpax. Other therapies included an epidural steroid injection. The documentation of 01/19/2015 revealed the injured worker suffered from cumulative trauma injuries to her neck and she attributed this to working in front of a computer long term. The injured worker had severe neck pain radiating to the left shoulder, arm and hand. The injured worker indicated she had a cervical MRI and a cervical x-ray. The physician documentation indicated the injured worker had a very significant anterolisthesis and degenerative disc disease and the most significant level was 4 mm of anterolisthesis of C3-4. The physician opined they were not surprised the injured worker had cervicogenic headaches. The request was made for 12 sessions of acupuncture as it was indicated the injured worker had previously undergone acupuncture. The injured worker had undergone previous epidural steroid injection with 60% relief of pain for more than 4 months and as such, a second injection was requested. The medication that was noted to be needed was the butalbital compound with codeine. The injured worker indicated she took 4 of these per day to control her headaches. The diagnoses cervical degenerative disc disease, cervicalgia, and cervical radiculitis. The additional request was made for an EKG due to the injured worker being on butalbital which the physician indicated could

affect cardiac function. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalbital/aspirin/caffeine/codeine 30mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that they do not recommend barbiturate containing analgesic agents. The clinical documentation submitted for review indicated the injured worker was utilizing the medication 4 times per day. However, there was a lack of documented objective functional benefit and exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation of a reduction in the quantity of headaches or duration. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Butalbital/aspirin/caffeine/codeine 30mg QTY: 120 is not medically necessary.