

<b>Case Number:</b>	CM15-0007324		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	03/27/1999
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Maryland

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

### 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 48 year old female, who sustained an industrial injury on March 27, 1999, struck by a motor vehicle on the right side of her body. She has reported having dizziness and headaches, with blurred vision, loss of taste and difficulty with memory, having received a right occipital fracture. The diagnoses have included right occipital skull fracture resulting in right sided hearing loss and posttraumatic vertigo, posttraumatic headaches, neck pain, low back pain, visual loss, intracranial injury of other and unspecified nature without open intracranial wound with state of consciousness unspecified, and paraplegia. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of headaches, numbness in the head, and difficulty sleeping. The Primary Treating Physician's report dated July 22, 2014, noted the injured worker with limited range of motion of the neck at end ranges, with functional strength and range of motion of the upper and lower extremities. On December 19, 2014, Utilization Review non-certified But/APAP/Caf Tab Day supply: 30 Qty: 90. The UR Physician's determination rationale and the guidelines cited were not included in the documentation provided. On January 13, 2015, the injured worker submitted an application for IMR for review of But/APAP/Caf Tab Day supply: 30 Qty: 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**But/APAP/Caf Tab Day supply: 30 Qty: 90: Upheld**

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

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

**Decision rationale:** But/APAP/Caf Tab Day supply: 30 Qty: 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists 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. The documentation indicates that the patient is taking this medication for headaches. There are no extenuating circumstances to go against guideline recommendations for this medication. With the high risk for dependency and the risk of rebound headaches the request for But/APAP/Caf Tab Day supply: 30 Qty: 90 is not medically necessary.