

Case Number:	CM15-0105971		
Date Assigned:	06/10/2015	Date of Injury:	08/13/2013
Decision Date:	12/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female, who sustained an industrial injury on 8-13-13. The injured worker was diagnosed as having post-concussion syndrome, cervical disc displacement, cervical degenerative disc disease and contusion of left lower leg. Subjective findings (1-12-15, 2-3-15, 2-13-15 and 3-3-15) indicated neck and left calf pain and headaches. The injured worker rated her pain 4-7 out of 10. She reports being functional with medications. The injured worker is not currently working and retired. Objective findings (1-12-15, 2-3-15, 2-13-15 and 3-3-15) revealed tenderness to palpation at the cervical paraspinal muscles, decreased range of motion and diminished sensation over the C5, C6 and C7 dermatomes. There is no calf tenderness and a negative Homan's test. Treatment to date has included an EMG-NCS of the bilateral upper extremities on 4-1-15 with normal NCV results, a cervical MRI on 3-2-15, extracorporeal shockwave therapy, Motrin, Soma, Norco, Ultram, Fexmid and Fioricet (since at least 2-13-15). The Utilization Review dated 5-1-15, non-certified the request for Butalb-Acetamino-Caff 50-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalb-Acetamino-Caff 50/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: Butalbital, a barbituate, is indicated for the relief of the symptom complex of tension headache. The compound consists of a fixed combination of butalbital, acetaminophen and caffeine. Evidence supporting the efficacy and safety of this combination product in the treatment of multiple recurrent headaches is unavailable. Caution in this regard is required because butalbital is habit-forming and potentially abusable. Evidence based guidelines support treatment regimen upon clear documented medical necessity with demonstrated symptom complaints, clinical findings, and specific diagnoses along with identified functional benefit from treatment previously rendered towards a functional restoration approach to alleviate or resolve the injury in question. Submitted reports have not identified any such illness or disease process, in this case, of complex tension headaches, severe acute flare, new injury, or change in chronic musculoligamentous pain presentation to support for this barbituate. The Butalb-Acetamino-Caff 50/325 #120 is not medically necessary and appropriate.