

Case Number:	CM15-0140905		
Date Assigned:	07/30/2015	Date of Injury:	03/31/2009
Decision Date:	09/02/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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 54 year old male, who sustained an industrial injury on 3-31-09. Initial complaints were not reviewed. The injured worker was diagnosed as having postoperative headaches; dental caries; GERD and constipation secondary to narcotics; L3 through S1 facet arthropathy; multi-level degenerative disc disease L2-3, L3-4, L4-5 and L5-S1; right S1 radiculopathy; right knee pain unknown origin;). Treatment to date has included status post anterior and posterior fusion with total disc arthroplasty L2-3 (11-29-10); status post right S1 laminectomy and re-exploration (12-13-11); status post spinal cord stimulator (7-22-12); revision spinal cord stimulator (10-22-12); status post right L5 foraminotomy and right L5 hemilaminectomy (4-2-2014); status post CSF leak repair (4-7-14); physical therapy; medications. Diagnostics studies included X-rays thoracic spine (11-3-14). Currently, the PR-2 notes dated 6-8-15 indicated the injured worker was seen on this date as a follow-up evaluation. The injured worker has been approved for pain management and scheduled for evaluation with a pain management provider on 6-16-15. He is requesting a refill of his medications until that evaluation. The injured worker complains of continued increasing chronic intractable pain in the lower back rated at 8 over 10 without medications and 7 over 10 with medications. He continues to have pain and numbness in the right lower extremity. He is having increasing complaints and frequency in headaches rated at 8 over 10 without medications and 7 over 10 with medications. Current medications are listed by this provider as: Fentanyl 75Mcg/hr patch; Oxycodone Hcl 10mg; Lithium Carbonate 300mg; Prozac 40mg; Xanax 0.5mg; Zanaflex 4mg and Fioricet 50-300-40mg. The injured worker is a status post right L5 foraminotomy and right L5

hemilaminectomy on 4-2-2014. On physical examination the provider documents the injured worker walks with an antalgic gait pattern using a front wheeled walker. His straight leg raise is positive on the right lower extremity at 45 degrees. X-rays dated 11-3-114 of the thoracic spine were reviewed and documented revealing T9-10 disc space to the mid body of T11 centrally placed. The injured worker is also a); status post spinal cord stimulator (7-22-12); revision spinal cord stimulator (10-22-12) and at this time considered his options and has decided not to proceed with the spinal cord stimulator removal at this time. The provider is requesting authorization of Butalbital #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalbital #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesics BCA's Page(s): 23.

Decision rationale: This patient presents with increasing chronic intractable pain in the lower back. He continues to have pain and numbness in the right lower extremity as well. The current request is for Butalbital #60. Treatment to date has included anterior and posterior fusion with total disc arthroplasty L2-3 (11-29-10), right S1 laminectomy and re-exploration (12-13-11), spinal cord stimulator (7-22-12), revision spinal cord stimulator (10-22-12), right L5 foraminotomy and right L5 hemilaminectomy (4-2-2014), CSF leak repair (4-7-14), physical therapy and medications. The patient is TTD. MTUS Chronic Pain Medical Guidelines, page 23, regarding Barbiturate containing analgesics BCA's- such as Butalbital- states: "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." This patient has been prescribed Fioricet since at least 01/21/15 for his chronic headaches. Current medications are Fentanyl 75Mcg/hr patch, Oxycodone Hcl 10mg, Lithium Carbonate 300mg, Prozac 40mg, Xanax 0.5mg, Zanaflex 4mg and Fioricet 50-300-40mg. According to progress report 06/16/15, the patient presents with chronic right leg, left shoulder, and low back pain. He is having increasing complaints of headaches, rated at 8/10 without medications and 7/10 with medications. MTUS does not support Barbiturate-containing analgesic agents for chronic pain due to high abuse-risk potential, dependence risk, and a risk of rebound headaches following administration. Therefore, the requested Butalbital is not medically necessary.