

<b>Case Number:</b>	CM15-0167563		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	11/22/1995
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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(n) 69 year old male, who sustained an industrial injury on 11-22-95. He reported pain in his neck. The injured worker was diagnosed as having cervical degenerative disc disease, cervicogenic headaches, failed neck surgery syndrome and myofascial pain. Treatment to date has included cervical cortisone injections, a cervical medial branch block on 7-29-13, a cervical facet injection on 5-21-15, Lyrica, Gabapentin and Imitrex. Current medications include MS Contin, Dilaudid and Butalbital (since at least 7-3-14). On 5-12-15 the treating physician noted tenderness to palpation to the cervical facet joint line and limited range of motion with rotation. The treating physician did not document the injured workers response to the pain medication. As of the PR2 dated 7-10-15, the injured worker reports continued pain in his neck. The treating physician noted rigid muscles at the cervical spine. The treating physician requested Butalbital 50-325-40 #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butalbital 50/325/40 #180:** 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 BCA  
Page(s): 23.

**Decision rationale:** The California MTUS section on the requested medication states: Barbiturate-containing analgesic agents (BCAs) - 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. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987) The requested medication is not recommended for chronic pain and therefore is not medically necessary.