

<b>Case Number:</b>	CM15-0023409		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Texas, California  
 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:

This is a 67 year old male patient, who sustained an industrial injury on 04/04/2011 when he struck the back of the head, later losing consciousness, falling backward, and injuring his head. Diagnoses include status post- concussion after closed head trauma, and hearing loss; ongoing paroxysmal vertigo; visual impairment related to vertiginous discoordination; and bilateral temporomandibular joint syndrome probably secondary to anxiety and teeth grinding in sleep. Per the progress note dated 1/29/2015 he had complaints of daily headache, periodic lightheadedness and dizziness. The physical examination revealed some discomfort with optic kinetic testing and normal strength, sensation and reflexes in the upper and lower extremities. The current medications list includes Butalbital-APAP-Caffeine 50/325/40mg. He has had CT brain in 2012 with normal findings. He has had a course of vestibular therapy. Treatment plans include referral to an ear, nose and throat specialist, and continuation of the medication of Butalbital-APAP-Caffeine 50/325/40mg. On 02/05/2015 Utilization Review non-certified a request for Butalbital-APAP-Caffeine 50/325/40mg quantity requested: 240. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butalbital-APAP-Caffeine 50/325/40mg quantity requested: 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAs) Page(s): 23.

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

**Decision rationale:** Request: Butalbital-APAP-Caffeine 50/325/40mg quantity requested: 240 Butalbital is in a group of drugs called barbiturates. According to MTUS guidelines, page 23, barbiturates 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. (McLean, 2000) There is a risk of medication overuse as well as rebound headache." Per the submitted medical records, patient had chronic headache and dizziness. Barbiturates are not recommended by MTUS for chronic pain. Response to simple NSAIDs and Tylenol for headache is not specified in the records provided. The medical necessity of Butalbital-APAP-Caffeine 50/325/40mg quantity requested: 240 is not established for this patient.