

Case Number:	CM15-0210553		
Date Assigned:	10/29/2015	Date of Injury:	12/27/2010
Decision Date:	12/16/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/27/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 56-year-old male, who sustained an industrial injury on 12-27-2010. Medical records indicate the worker is undergoing treatment for lumbar-lumbosacral disc degeneration, lumbosacral neuritis, headache and hip enthesopathy. A recent progress report dated 8-26-2015, reported the injured worker complained of pain in his shoulders and right leg, rated 4-5 out of 10 and lumbar pain rated 3 out of 10 with pain improvement noted since the bilateral epidural steroid injections. Physical examination revealed left shoulder tenderness with positive impingement sign. Treatment to date has included acupuncture, chiropractic care, epidural steroid injection, facet joint injection, occipital nerve block, trigger point injections, TENS (transcutaneous electrical nerve stimulation), radiofrequency thermo-coagulation, physical therapy, Duragesic, Norco, Cyclobenzaprine, Celebrex, Lyrica, Ambien, Trazodone, Lidoderm and Butalbital Compound-Codeine (since at least 10-22-2014). The physician is requesting Butalbital Compound-Codeine 30-50 325mg #30. On 9-28-2015, the Utilization Review noncertified the request for Butalbital Compound-Codeine 30-50 325mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalbital Compound-Codeine 30-50 325mg quantity 30: Upheld

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

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

Decision rationale: Per MTUS CPMTG with regard to barbiturate-containing analgesic agents: "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." As the request is not recommended by the MTUS, the request is not medically necessary.