

Case Number:	CM15-0213952		
Date Assigned:	11/03/2015	Date of Injury:	08/03/2014
Decision Date:	12/15/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/30/2015

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 48 year old male, who sustained an industrial injury on 08-03-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for closed head injury, cervical strain, post-traumatic migraine headaches, depression and anxiety. Medical records (12-18-2014 to 10-05-2015) indicate ongoing migraine headaches associated with photophobia and vomiting, and pain that radiates from her head down her neck into both shoulders. Pain levels were rated 9 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 10-05-2015, revealed tenderness bilaterally across the temporomandibular joints. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that multiple medications have previously been tried and have failed in the treatment of the IW's headaches. Multiple trips to the emergency department due to severe headaches were also noted. The request for authorization (10-05-2015) shows that the following medication was requested: Esgic (Butalbital 50mg, Acetaminophen 325mg & Caffeine 40mg) #60 with 1 refill. The original utilization review (10-22-2015) non-certified the request for Esgic #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Esgic 50/325/40 #60 with 1 refill: 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: Barbiturate-Containing Analgesic agents(BCAs) is not indicated for the relief of the chronic pain symptom. 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. Guidelines notes the barbiturate component has high potential for drug dependency with overuse risk and rebound headaches. Additionally, there is no evidence that identifies the clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. 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 defined significant clinical findings, and specific confirmed diagnoses of complex tension headaches along with identified functional benefit from treatment previously rendered towards a functional restoration approach to alleviate or resolve the injury in question, not demonstrated here. Submitted reports have not identified any new injury, or change in chronic pain presentation to support continuing use for this barbiturate as the patient remains functionally unchanged. The Esgic 50/325/40 #60 with 1 refill is not medically necessary and appropriate.