

Case Number:	CM14-0217389		
Date Assigned:	01/07/2015	Date of Injury:	11/29/2010
Decision Date:	03/24/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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 56 year old female with an industrial injury dated 11/29/2010. She worked as a school crossing guard. She was waiting for children to cross the street when a car struck her on the right side, bending her at the knees, but not knocking her down. She had pain in neck, low back and right leg. She also complained of headaches and hearing voices in her head. Prior treatments include physical therapy (which she could not tolerate due to pain), acupuncture and epidural which have not helped. Other treatments include shockwave therapy, ultrasound, exercise and TENS unit. MRI of the lumbar spine revealed degenerative disc disease at lumbar 4-5 and lumbar 5-sacral 1 level. MRI of the cervical spine revealed degenerative disc disease at the cervical 3-4 and cervical 4-5 levels. Diagnoses include lumbar radiculopathy and cervical radiculopathy. On 12/03/2014 utilization review modified the request for BUT/APAP/Caffeine cap 300/50/40 mg # 30 day supply 7. The request was modified for BUT/APAP/caffeine # 15 for purposes of taper for discontinuation over the course of the next 3-4 weeks. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

But / APAP / Caf cap 300/50/40mg, Qty 30, 7 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: The patient presents with neck pain rated 6-7/10 and low back pain rated 7-8/10 which radiates along the lower extremities. She also complained of headaches and hearing voices in her head. The request is for BUT/APAP/Caffeine cap 300/50/40 mg # 30 day supply 7. The RFA is not provided. Patient's diagnosis on 11/06/14 included lumbar and cervical radiculopathy. Patient's work status is unknown. Barbiturate-containing analgesic agents (BCAs) (MTUS p23) - 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). See also Opioids. Treater does not provide a rationale for the request. Review of the medical reports does not indicate the initiation date for Fioricet. MTUS does not support Barbiturate-containing analgesic agents for chronic pain. The request IS NOT medically necessary.