

<b>Case Number:</b>	CM15-0175012		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, 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:

This is a 53 year old male with a date of injury on 10-26-2011. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain, olecranon bursitis and shoulder impingement. According to the progress report dated 7-23-2015, the injured worker complained of chronic cervical pain and headaches. He rated his pain as eight to nine out of ten. Per the progress report dated 8-19-2015, the injured worker reported having good and bad days. He needed medication refills. Per the treating physician (8-19-2015), the employee has not returned to work. The physical exam (7-23-2015 to 8-19-2015) revealed a stooped gait. Spurling's sign was positive. The progress reports were hand written and difficult to decipher. Treatment has included surgery, physical therapy and medication. The injured worker has been prescribed Butalbital since at least 7-23-2015. The original Utilization Review (UR) (8-27-2015) denied a request for Butalbital. Utilization Review approved a request for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butalbital 50/325/40mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** CA MTUS Guidelines state that barbiturate-containing analgesics (BCA) 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 BCA due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headaches. In this case, the patient complains of chronic neck pain and headache. He has been taking Butalbital since at least January 2015 on a long-term basis which is not recommended. The medical records do not establish any medical necessity for the use of Butalbital, therefore the request is deemed not medically necessary or appropriate.