MAXIMUS Federal Services

Case Number:	CM15-0062453		
Date Assigned:	04/09/2015	Date of Injury:	01/13/2013
Decision Date:	05/08/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/03/2015

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: New Jersey
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:

The 57-year-old female injured worker suffered an industrial injury on 01/13/2013. The diagnoses included chronic pain, arthropathy of the thoracic and lumbar facet joints, lumbar radiculitis and thoracic outlet syndrome. The diagnostics included magnetic resonance imaging of the lumbar and thoracic spine. The injured worker had been treated with medications. On 2/18/2015, the treating provider reported neck pain with numbness in the bilateral upper extremities and low back pain with numbness and tingling in the left leg. The treatment plan included Butalbital-Acetaminophen-Caffeine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalbital-Acetaminophen-Caffeine50-325-40mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

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

Decision rationale: The MTUS Chronic Pain Guidelines states that barbiturate-containing analgesic agents are not recommended for chronic pain as the potential for drug dependence, overuse, and rebound pain is high, and no evidence exists that shows clinically important efficacy. Although in the case of this worker, there was some reported relief with the use of butalbital/APAP/caffeine, this combination medication is not generally recommended for use in chronic pain. Therefore, the request for continued use of butalbital/APAP/caffeine will be considered medically unnecessary. Weaning is recommended.