

<b>Case Number:</b>	CM14-0141991		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/24/1998
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 61 year old man with a date of injury of 10/24/98. He was seen by his primary treating physician on 6/2/14 for a recheck of medications. He had last been seen 6 months ago and was receiving treatment for his left shoulder 'elsewhere'. He had pain in his head, neck, upper and lower extremities and low back. His physical exam showed cervical flexion to 45 degrees, extension to 30 degrees, rotation to 30 degrees and lateral bending left to 15 degrees and right to 25 degrees. His lumbar motion was 45 degrees and his gait and reflexes were normal. A urine toxicology test obtained that day. His medications were not listed in the records to confirm what was detected in the toxicology report. At issue in this review is the prescription for Bubalbital - Caffeine - Acetaminophen - Codeine 50-325-30 Quantity: #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bubalbital - Caffeine - Acetaminophen - Codeine 50-325-30 Quantity: #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS - Barbiturate- Containing Analgesic Agents (BCAs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up-to-date: Bubalbital - Caffeine - Acetaminophen drug information..

**Decision rationale:** This 61 year old injured worker has chronic back, neck, extremity and head pain with an injury sustained in 1998. The indication for the prescription of Bupropion - caffeine - acetaminophen - codeine 50-325-30 is not documented in the notes nor is a review and documentation of pain relief, functional status, appropriate medication use and side effects, which are all required in opioid use. The MD visit of 6/14 fails to document any improvement in pain, functional status, indication or side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Bupropion - Caffeine - Acetaminophen - Codeine is not substantiated.