

<b>Case Number:</b>	CM15-0000268		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	06/01/2001
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 59-year-old female, who sustained an industrial injury on June 1, 2001, incurring upper spine and right shoulder injuries. She was diagnosed with cervical disc disease and right shoulder tenosynovitis, tendinosis and bursitis. Treatment included muscle relaxants, pain medications, proton pump inhibitor, trigger point injections and activity modifications. She underwent an anterior cervical fusion and discectomy and a right shoulder acromioplasty. Currently, the injured worker complained of increased pain down into the trapezius muscles. Her neck pain was aggravated by twisting, turning and bending activities. She had occasional radicular complaints to her upper extremities. The treatment plan that was requested for authorization included a retrospective request for Butalbital-APAP-Caffeine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Butalbital/APAP/Caffeine 50/325mg #120 DOS: 11/17/2014:**  
 Upheld

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

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

**Decision rationale:** Per MTUS CPMTG with regard to barbiturate-containing analgesic agents:  
"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."As the request is not recommended by the MTUS, the request is not medically necessary.