

<b>Case Number:</b>	CM15-0011597		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	05/28/2008
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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

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 62 year old female who sustained an industrial injury on 05-28-08. A review of the medical records indicates the injured worker is undergoing treatment for cervical, thoracic, and lumbar spine disc rupture and status post right shoulder surgery. Medical records reveal the injured worker complains of pain rated at 10/10. A Pain rating is not provided for 11-11-14. The physical exam (11/11/14) reveals light touch sensation to the "right mid-anterior thigh, right mid-lateral calf, and right lateral ankle are diminished." There is no documented physical exam for the report. Treatment has included right shoulder surgery and medications. The treating provider does not report any results of radiological studies. The original utilization review (12-24-14) non certified the request for butalb-acetaminophen-caffeine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butalb-acetamin-caffeine 50/325mg #60 with 2 refills:** 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, Medications for chronic pain.

**Decision rationale:** Butalbital, is a barbiturate, indicated for the relief of the symptom complex of tension headache. The compound consists of a fixed combination of butalbital, acetaminophen and caffeine. Evidence supporting the efficacy and safety of this combination product in the treatment of multiple recurrent headaches is unavailable. Guidelines note the barbiturate component has high potential for drug dependency with overuse risk and rebound headaches. Additionally, there is no evidence that identifies the clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Caution in this regard is required because butalbital is habit-forming and potentially abusable. Evidence based guidelines support treatment regimen upon clear documented medical necessity with defined symptom complaints, significant clinical findings, and specific diagnoses along with identified functional benefit from treatment previously rendered towards a functional restoration approach to alleviate or resolve the injury in question, not demonstrated here. Submitted reports have not identified any such illness or disease process, in this case, of complex tension headaches, severe acute flare, new injury, or change in chronic musculoligamentous pain presentation to support for this barbiturate. The Butalb-acetamin-caffeine 50/325mg #60 with 2 refills is not medically necessary and appropriate.