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IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Butalbital-acetaminophen-caffeine cap 50-300-40MG quantity 60

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Neurological Surgery
REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XX-year-old XX with a history of an occupational claim from XXXX. The mechanism of injury was not detailed in the information provided for review. The patient was seen on XXXX regarding chronic neck pain. XX was status post C3-C5 anterior cervical discectomy and fusion from the XXXX. The patient had done well but continued to have chronic headaches as well as cervicogenic headaches. XX claims that ibuprofen works better for his headaches, although insurance would only pay for Mobic. XX rated his neck pain at a 6–80 for 10 which was occurring intermittently. The patient received a cervical epidural steroid injection which level his pain down to a 3– 4/10. Trazodone worked fairly well for XX to go to sleep less, allowing the patient to go to sleep and relax spasming in the trapezial muscle area which also helped with XX headaches. Laboratory testing conducted on XXXX did not display any abnormalities. The patient's urinalysis was dark yellow and cloudy with trace protein. He also had 3–10 red blood cells and 2+ occult blood. On XXXX, the patient continued to have chronic headaches as well as cervicogenic headaches. The patient reported some relief of headaches by 70–80% with left arm pain improved by 80–90%. XX discontinued use of trazodone but continue to take Soma on an as-needed basis for muscle spasms. A prior authorization request was submitted on XXXX for the patient to utilize Butalbital–acetaminophen–caffeine capsule 50-300-40 milligrams. This request was denied on XXXX is the current guidelines do not support the use of medications containing barbiturates. There is also no notation of a comprehensive assessment regarding potential etiologies for the patient's headaches nor was there evidence of past first-line agents utilized for treatment of these symptoms. A letter to whom it may concern/letter of appeal was admitted on XXXX which claimed that the patient had chronic neck pain and cervicogenic headaches. The ibuprofen worked good for the patient, but insurance was only paying for Mobic. The patient's biggest complaint on XX last office visit was in regards to his headaches which have been getting worse. The physician stated that the patient's headaches were improved with Butalbital–acetaminophen–caffeine 50/300/40. These allow the patient to continue to function at work. The physician was appealing the determination. A follow-up note was submitted on

XXXX which again noted to the patient being seen for chronic neck pain. XX objective complaints also included continued cervicogenic headaches. XX neck pain on a daily basis is usually a 6–8/10 which worsened if XX was under a lot of stress or did too much activity. The neck pain could make the patient nauseated and sometimes became so severe that XX would forget what XX was doing and where XX parked his car. The patient had not been authorized for a third epidural steroid injection. XX continued to report benefit from use of soma. On examination, the patient had tenderness to the upper trapezial area bilaterally with range of motion of the cervical spine approximately 35° of flexion, 25° of extension and 65° of right rotation compared to the left at 70° which produces ipsilateral posterior cervical pain. XX had 5/5 major muscle group strength with moderate amounts of spasms in the upper trapezial area bilaterally. There are also well-circumscribed trigger points with positive twitch response in the upper trapezial area located mostly on the left. An appeal for the Butalbital–acetaminophen–caffeine capsules was denied on XXXX. The rationale again stated that barbiturate-containing analgesics are not supported by the guidelines. The conclusion also stated that when noting the day of injury, the ongoing complaints, the relative lack of efficacy from an objective perspective, incorporating the specific primus noted in the guidelines, there is insufficient clinical data present to support this request. This request is again for the Butalbital-acetaminophen-caffeine cap 50-300-40MG quantity 60.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

According to the Official Disability Guidelines, barbiturate-containing analgesic agents are not recommended for chronic pain. Although Fioricet is commonly used for acute headaches, with some data to support it, there is a risk of medication overuse as well as rebound headaches. The patient's injury occurred in the XXXX which is well beyond the acute phase of treatment. The clinical documentation submitted for review failed to specify whether the patient had undergone a comprehensive assessment of the extent of XX headaches, nor was there reference to the patient having trialed specific medications directed at treating his ongoing complaints of cervicogenic headaches. With no exceptional factors identified within the clinical documentation to support this particular drug, proceeding with the treatment cannot be authorized at this time.

As such, in accordance with the previous denial, the request for Butalbital-acetaminophen-caffeine cap 50-300-40MG quantity 60 is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 15th Edition (web), 2017, Pain Chapter, Barbiturate-containing analgesic agents (BCAs). Not recommended for chronic pain.