

Case Number:	CM15-0141704		
Date Assigned:	08/25/2015	Date of Injury:	11/10/1999
Decision Date:	09/29/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/21/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 58 year old male who sustained an injury on 11-10-99. The initial symptoms and complaints are not included in the medical records. Since the injury the IW has been diagnosed on 4-20-15 with Chronic headaches, migraine in type; chronic pain state, Insomnia, Type 2 Diabetes Mellitus, GERD, Depression, Anxiety, Status post diastasis recti plus umbilical hernia repair surgery on 4/23/13; status post right thumb surgery on 8-25-14; Insomnia, Depression and Anxiety. Treatments included discontinue Maxalt and take Cambria 50 mg packet, mix one packet with 3-60 ml of water as directed #9 packets. It is noted on the PR2 from 5-8-15 that the Cambria is working for migraine headache treatment. On 6-3-15 the PR2 notes medications have included Roxicodone, Hydrocodone, Cambria 50 mg packet, mix one packet with 30-60 ml of water as directed #9 packets. Current requested treatment Cambria 50 mg/packet #9.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cambria 50mg/packet #9: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Diclofenac: Drug information. Topic 9103, version 157.0. UpToDate, accessed 09/20/2015.

Decision rationale: Cambia (diclofenac powder) is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. Cambia is specifically FDA-approved for the treatment of new migraine symptoms. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of this medication against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation indicated the worker was experiencing pain in the hands and thumbs, hand numbness, neck and lower back pain, and abdominal discomfort. These records did not include detailed pain assessments, an individualized risk assessment, or a detailed exploration of the potential negative effects of this treatment. There was no discussion suggesting the worker had migraines or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for nine packets of Cambia (diclofenac powder) 50mg is not medically necessary.