

<b>Case Number:</b>	CM15-0168857		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	03/17/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back (LBP) reportedly associated with an industrial injury of March 17, 2013. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve a request for Cambia powder while approving a request for gabapentin and Neurontin. An August 20, 2015 RFA form was referenced in the determination, along with an associated progress note of July 23, 2015. The applicant's attorney subsequently appealed. On July 9, 2015, the applicant reported 8 to 9/10 low back pain complaints, aggravated by sitting, standing, walking, bending, and lifting. The applicant was on Cambia as needed for migraine headaches, Nucynta, Neurontin, Prilosec, and Elavil, it was reported. The applicant had undergone earlier cervical and lumbar epidurals steroid injections, it was reported. The applicant was off of work, as the employer was unable to accommodate suggested limitations, the treating provider reported. The applicant had failed physical therapy, manipulative therapy, and acupuncture, it was reported. Repeat epidural steroid injection was endorsed. The claimant was given 20-pound lifting limitation, which the treating provider acknowledged the claimant's employer was unable to accommodate in the Social History section of the note, resulting in the claimant's removal from the workplace. The attending provider stated that claimant's medications were beneficial in elaborating his pain complaints, but did not elaborate further.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cambia Pow 50mg day supply; 13; qty 27 refill 3, Rx date 8/20/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, Introduction. Decision based on Non-MTUS Citation <http://www.cambiarx.com/meet-cambia> **Cambia**.

**Decision rationale:** No, the request for Cambia powder was not medically necessary, medically appropriate, or indicated here. Per the product description, Cambia represents a particular brand of diclofenac. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as diclofenac do represent the traditional first line treatment for various pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the claimant remained off of work, it was acknowledged on July 9, 2015, despite ongoing usage of Cambia (diclofenac). Activities as basic as sitting, standing, walking, lifting, and bending remained problematic. Pain complaints as high as 8/10 were reported, despite ongoing Cambia (diclofenac) usage. Ongoing usage of Cambia failed to curtail the applicant's dependence on opioid agents such as Nucynta. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.