

Case Number:	CM15-0204793		
Date Assigned:	10/21/2015	Date of Injury:	05/06/2015
Decision Date:	12/03/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/19/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 42-year-old female with a date of injury on 05-06-2015. The injured worker is undergoing treatment for cerebral concussion and migraines secondary to concussion. A physician progress note dated 08-18-2015 documents the injured worker continues to be treated for post traumatic brain injury with headaches and cognitive impairment. She is now taking Nortriptyline at bedtime and has noticed significant improvement in her headaches and cognitive functions. It was recommended to increase Nortriptyline to 75mg at bedtime. She is to continue to keep a headache diary. She may return to work with restrictions. A physician note dated 09-29-2015 documents the injured worker has had persisting headaches accompanied with nausea, emotional Irritability and memory and cognitive difficulties. She has been on Nortriptyline as a preventative medication for her headaches, but she still has breakthrough migraines. The accompanying nausea makes it very difficult for her to swallow and keep down her medications in pill form, as she is likely to vomit them up before reaching her stomach. The mint-flavored powder mixed in liquid does not aggravate her nausea and is absorbed very quickly providing her with relief. She has had excellent success with Cambia powder. It offers her complete relief of her migraine symptoms with no side effects using just one dose. Treatment to date has included diagnostic studies, and medications. A computed tomography of her head done on 05-09-2015 showed not intracranial hemorrhage or mass effect. A computed tomography of the abdomen and pelvis done on 05-06-2015 revealed trace free fluid in the pelvis. This is unspecific. A Magnetic Resonance Imaging of the brain done on 06-01-2015 was

normal. The Request for Authorization dated 09-29-2015 includes Cambia powder 50mg 9pk. On 10-05-2015 Utilization Review non-certified the request for Cambia powder 50mg 9pks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cambia powder 50mg 9pks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter Diclofenac (Zorvolex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: Cambia powder is trade name for diclofenac potassium. The CA MTUS is silent, specifically on the issue of diclofenac potassium. The ODG-TWC pain sect was therefore consulted. It does not recommend diclofenac as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Because the medication is not recommended by the guidelines, the request is not medically necessary.