

Case Number:	CM15-0211063		
Date Assigned:	10/29/2015	Date of Injury:	10/07/2009
Decision Date:	12/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/27/2015

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: 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 65 year old female, who sustained an industrial injury on 10-7-2009. The injured worker was being treated for chronic migraine. The injured worker (5-19-2015) reported ongoing headaches. She reported her headache days were 15-20 out of 30 days, lasting more than 4 hours per day. The physical exam (5-19-2015) revealed normal findings on the neurological exam. The injured worker (8-11-2015) reported ongoing headaches with associated neck pain. She reported her headache frequency was 60 out of 90 days. She rated her headaches as 8 out of 10. The treating physician noted the injured worker's MIDAS (Migraine Disability Assessment) Score was 113 and HIT-6 (Headache Impact Test-6) score was 63. The treating physician noted the injured worker was treated with Topamax, Elavil, Cymbalta, Neurontin, Inderal, Depakote, and Botox previously, and only Botox provided relief. The treating physician noted that Petadolex has insufficiently helped her headaches as she still has headaches. The treating physician noted that "Cambia works well as an acute treatment". The neurological exam (8-1-2015) revealed fluent speech and no aphasia, ophthalmoplegia, facial palsy, focal weakness, sensory loss, or ataxia. Diagnostic studies were not included in the provided medical records. Treatment has included Botox therapy and medications including pain, muscle relaxant (Zanaflex), anti-migraine (Relpax, Imitrex) and non-steroidal anti-inflammatory (Cambia since at least 5-2015). On 9-16-2015, the requested treatments included Cambia 50mg oral powder. On 9-24-2015, the original utilization review non-certified a request for Cambia 50mg oral powder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cambia 50mg oral powder qty: 9: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for this chronic 2009 injury nor have they demonstrated any functional efficacy in terms of improved functional status, decreased VAS score level, specific increased in ADLs, decreased in pharmacological dosing or discontinuation of analgesics, and decreased in medical utilization derived from previous NSAID use. The Cambia 50mg oral powder qty: 9 is not medically necessary and appropriate.