

Case Number:	CM15-0035836		
Date Assigned:	03/04/2015	Date of Injury:	09/29/2010
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/25/2015

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, Hawaii

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 54 year old female, who sustained an industrial injury on September 29, 2010. The diagnoses have included post traumatic brain injury, post-traumatic headache and myofascial pain syndrome. Treatment to date has included Functional Restoration Program, home exercise, medication and diagnostic studies. Currently, the injured worker complains of continued pain in the necks which radiates to the shoulder and of ongoing headaches. On examination, the cervical paraspinal has tenderness to palpation with myofascial tightness. Spurling's test is negative bilaterally and her motor strength is 5/5 in the bilateral upper extremities. Deep tendon reflexes were equal in the bilateral upper extremities. On February 4, 2015 Utilization Review non-certified a request for Cambia 50 mg #9, noting that the documentation provided for review does not identify significant pain relief or functional benefits related to the use of Cambia. The California Medical Treatment Utilization Schedule was cited. On February 25, 2015, the injured worker submitted an application for IMR for review of Cambia 50 mg #9.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cambia 50mg quantity 9: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68; 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The patient presents with pain affecting the neck with radiation to her shoulder, accompanied with headaches. The current request is for Cambia 50mg quantity 9. The treating physicians report dated 12/30/14 (8B) states, "I recommended the patient to use Cambia, to use one pack with water when there is headache episode." A report dated 1/26/15 (10B) states, "The patient told me Cambia has been denied. She told me the medication helped her headache, so I requested to the RFA for Cambria medication." A report dated 2/4/15 (18B) states, "The patient wishes to get medication Cambia to help control headaches, Tylenol No. 3, ibuprofen, and ketoprofen cream for pain and inflammation control." Regarding NSAID's, MTUS page 68 has the following: "Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Medical reports provided show the patient has been taking Cambia since at least 12/30/14. The patient is taking multiple NSAIDs but the treating physician has instructed the patient not to mix the medications in order to avoid an NSAID overdose. In this case, the patient experiences severe headaches due to radiating neck and shoulder pain and the treating physician is requesting Cambia to control her headaches. Furthermore, the patient only uses Cambia for breakthrough pain and she experiences an improvement in symptoms and functioning while taking this medication. The current request satisfies the MTUS guidelines as outlined on page 68. Recommendation is for authorization.