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| Case Number: | CM15-0085471 | | |
| Date Assigned: | 05/08/2015 | Date of Injury: | 08/09/2013 |
| Decision Date: | 06/19/2015 | UR Denial Date: | 04/08/2015 |
| Priority: | Standard | Application Received: | 05/05/2015 |

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, Ohio, 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 50 year old female, who sustained an industrial injury on 8/09/2013. She reported a crush injury to both hands, right greater than left. Diagnoses include right shoulder rotator cuff injury, myofascial pain syndrome, and cervical sprain/strain. Treatments to date include physical therapy, chiropractic therapy, and acupuncture treatments, and a cortisone injection to the right elbow. Currently, she complained of neck pain with radiation to the right shoulder and right hand associated with swelling of the right palm. On 4/6/15, the physical examination documented cervical muscle spasm and tenderness with trigger points noted. There were myofascial trigger points noted near the right shoulder, in addition to tenderness and swelling. There was decreased right upper extremity range of motion. The plan of care included Cambia quantity #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cambia #15: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Labeling Information.

Decision rationale: MTUS does not discuss use of Cambia. FDA approved labeling information recommends this medication for treatment of acute migraine. Records do not document a diagnosis of acute migraine nor another rationale for this request. Thus this request is not medically necessary.