

<b>Case Number:</b>	CM15-0119284		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	02/19/2015
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 43 year old male, who sustained an industrial injury on 02/19/2015, secondary to a motor vehicle accident, where he hit his head. On provider visit dated 05/28/2015 the injured worker has reported headaches, left shoulder and neck pain. He also reported balance problems and dizziness. On examination of the head was unremarkable and cervical spine revealed normal range of motion. The diagnoses have included migraine following his mother vehicle accident. Treatment to date has included physical therapy, chiropractic care, speech therapy, and medication. The injured worker was noted not to be working. The provider requested Cambia 50mg #20 with 4 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cambia 50mg #20 with 4 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Labeling Information.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cambia (diclofenac) 50mg #20 with 4 refills is not medically necessary. Cambia is a prescription medicine used to treat migraine headache in adults. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnosis is migraines following motor vehicle accident. The date of injury is February 19, 2015. The multiple progress notes in the medical record, but there is no neurologic workup for migraine headaches. There is no previous documentation, but for the progress note dated May 28, 2015 in a new patient initial visit, for migraine headaches. Subjectively, the injured worker complains of headaches. The neurologic evaluation is unremarkable. There is no neurologic consultation confirming a diagnosis of migraine headaches. Cambia is indicated for migraine headaches. There was no clinical rationale for the originating prescription and there is no clinical rationale for four refills. Consequently, absent clinical documentation with neurologic workup and no confirmatory documentation of migraine headaches, Cambia (diclofenac) 50mg #20 with 4 refills is not medically necessary.