MAXIMUS Federal Services

Case Number:	CM15-0175051		
Date Assigned:	09/16/2015	Date of Injury:	08/14/2012
Decision Date:	10/20/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/04/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 34 year old female, who sustained an industrial injury on August 14, 2012. The injured worker was diagnosed as having de Quervain's tenosynovitis and long term use of other medications. Treatment and diagnostic studies to date has included acupuncture and medication regimen. In a progress note dated July 23, 2015 the treating acupuncturist reports complaints of constant pain to the left wrist that exacerbates with repetitive movements. On July 23, 2015 the injured worker's pain level was rated a 4, but noted that the pain has been as low as a 3 and exacerbates to an 8. The treating acupuncturist also noted on this date that the injured worker has "good relief for the week" with acupuncture therapy. Examination performed on July 27, 2015 revealed tenderness to the bilateral dorsal wrists, tenderness to the bilateral first dorsal compartment, and positive bilateral Finkelstein's testing. On July 27, 2015 the treating physician reports complaints of tiredness and dizziness secondary to use of the medication Ultram. On July 27, 2015 the injured worker's medication regimen included Ibuprofen, Terocin Patches, Cambia, Aleve, and Excedrin Migraine Gel Tablets with the treating physician noting that the injured worker was initiated on the medication of Cambia at the injured worker's last visit along with noting that the use of Cambia was "beneficial" to the injured worker, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. On July 27, 2015 the treating physician requested the medication

Cambia 50mg a day with a quantity of 30 noting current use of this medication. On August 12, 2015 the Utilization Review determined the request for Cambia 50mg a day with a quantity of 30 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cambia 50mg a day #30: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

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

Decision rationale: Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any significant improvement in pain or functional status or a discussion of side effects specifically related to NSAIDS to justify use. The medical necessity of cambia is not substantiated in the records. The request is not medically necessary.