

<b>Case Number:</b>	CM15-0178183		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	11/18/2002
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 41 year old female who sustained an industrial injury on 11-18-2002. Medical records indicate the worker was injured in a fall in which she struck her head and experienced a loss of consciousness. She has complained of significant headaches (which are primarily left-sided), knee pain, neck pain, and low back pain. Her diagnoses include: Cervicobrachial syndrome, Panic attack, Sciatica, Lumbar disc Displacement without Myelopathy, Lumbago, unspecified Major depression, single episode, Pain Psychogenic - Not elsewhere classified, and Unspecified Major depression , Recurrent episode .Treatment to date has included Medications and diagnostic testing. A MRI of the cervical spine (04-18-2008) noted mild inferior displacement of the cerebellar tonsils, compatible with a Chiari I malformation, and a small central disk protrusion at the C5-6 levels with a minimal left neural foraminal narrowing at C5-6 and C6-7 secondary to disk bulging and uncovertebral joint hypertrophy. A MRI of the lumbar spine (05-30-2003) showed no disk herniation or stenosis, and a MRI of the lumbar spine (08-18-2008) that showed no evidence of focal disk protrusion, significant t disk bulging, neural foraminal narrowing, or central canal stenosis. MRI of the bilateral knees (06-24-2003) showed a complex tear of the posterior horn of the medial meniscus. In the provider visit note of 08-25-2015, the injured worker complains of severe neck, and low back pain. The severe low back pain has radiation into the lower extremities, and the neck pain radiates to the upper extremities. She has pain in both knees and significant headaches. Her headaches are accompanied by dizziness. Neurologically she complains of balance problems, poor concentration, memory loss, numbness and weakness without seizures or

tremors. She complains of anxiety and depression. She has been using over the counter anti-inflammatories for headaches but has some GI upset with this. Zoloft helps decrease her depression and anxiety, and Prilosec is taken for nausea. She has braces on her knees that she feels provide support for the knees so they "do not give out when walking". The treatment plan includes refills of her medications and a new medication for her headache. A request for authorization was submitted for Cambia Powder 50mg, powder packet #6 with one refill. A utilization review decision 09-04-2015 non-certified the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cambia Pow 50mg, powder packet #6 with one refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, updated 7/15/2015, Diclofenac. <http://www.drugs.com/pro/cambia.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Diclofenac and Other Medical Treatment Guidelines <http://www.cambiarx.com/>.

**Decision rationale:** Cambia Pow 50mg, powder packet #6 with one refill is not medically necessary per the MTUS, the ODG, or an online review of this medication. The MTUS states that there is no evidence to recommend one drug in this class (NSAIDs) over another based on efficacy. Per an online review of Cambia powder, this is a prescription medicine used to treat migraine attacks in adults. It does not prevent or lessen the number of migraines you have, and it is not for other types of headaches. CAMBIA contains diclofenac potassium (a Non-Steroidal Anti-Inflammatory Drug or NSAID). The ODG states that Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. The documentation indicates that the patient has tried other NSAIDs without evidence of efficacy for her headaches. The MTUS states there is no evidence that one NSAID has better efficacy than another. Furthermore, the guidelines do not support Diclofenac due to increased risk profile. Additionally, the request for a refill would not be appropriate without evidence of efficacy. For all of these reasons Cambia is not medically necessary.