

<b>Case Number:</b>	CM14-0185833		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old female patient who sustained a work related injury on 3/18/10. The patient sustained the injury when she was lifting her carry-on bag into the overhead compartment and felt pain in her left arm. The current diagnoses include left shoulder impingement syndrome and left biceps tendinitis. Per the doctor's note dated 9/5/14, patient has complaints of pain and weakness in the left shoulder. A physical examination of the left shoulder revealed forward flexion 140 degrees, abduction 120 degrees, external rotation to 60 degrees, and internal rotation to 30 degrees. The impingement sign was positive, adduction sign was positive, tenderness to palpation over the anterior aspect of the left shoulder over the biceps tendon and sensation was intact to light touch in the digits of both hands. The current medication lists include Celebrex, Advil and Ambien. The patient has had MRI of the left shoulder on February 10, 2012 that revealed biceps and rotator cuff tendinosis with no rotator cuff or labral tear. She had received a steroid injection in left shoulder for this injury. The patient has received an unspecified number of the Physical Therapy (PT) visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter NSAIDs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex Page(s): 22,30.

**Decision rationale:** Celebrex contains Celecoxib which is a non steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non steroidal anti-inflammatory drugs (NSAIDs) in chronic Low Back Pain (LBP) and of antidepressants in chronic LBP. (Schnitzer, 2004) COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of Gastrointestinal (GI) complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months (Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with Ibuprofen." According to the cited guidelines Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. Response to usual non selective NSAIDs is not specified in the records provided. In addition per the cited guidelines COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. A history of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided. The medical necessity of the request for Celebrex 200mg #90 with 3 refills is not fully established in this patient. The request is not medically necessary and appropriate.

**Ambien (Zolpidem) 10mg #30 with no refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress, Sedative hypnotics

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 11/21/14) Zolpidem

**Decision rationale:** Zolpidem is a short-acting non-benzodiazepine hypnotic. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." A detailed history of anxiety or insomnia was not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. Per the records provided, the date of injury is approximately 16 years ago. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for Ambien

(Zolpidem) 10mg #30 with no refills is not fully established in this patient. The request is not medically necessary and appropriate.