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| <b>Case Number:</b>   | CM15-0205503 |                              |            |
| <b>Date Assigned:</b> | 10/22/2015   | <b>Date of Injury:</b>       | 02/08/2001 |
| <b>Decision Date:</b> | 12/21/2015   | <b>UR Denial Date:</b>       | 10/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/20/2015 |

### 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  
 Certification(s)/Specialty: Anesthesiology

### 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 67 year old male who sustained an industrial injury on 02-08-2001. A review of the medical records indicated that the injured worker is undergoing treatment for left knee pain and low back pain. The injured worker is status post left total knee arthroplasty revision in 06-2013. According to the treating physician's progress report on 09-13-2015, the injured worker continues to experience left knee pain rated at 8 out of 10 and low back pain with lower extremity symptoms rated at 5 out of 10 on the pain scale. Objective findings were noted as diffuse left knee pain with range of motion from 0-90 degrees without change noted for the past 3 office visits. There was no discussion of sleep difficulties or anxiety noted in the treating physician's progress report from 04-2015 to 09-13-2015. Prior treatments have included diagnostic testing, surgery and medications. Current medications were listed as Tramadol, Celebrex (prescribed at least since 04-2015), Xanax (prescribed at least since 04-2015), Lyrica and Ambien (prescribed since at least 04-2015). A urine drug screening was performed at the office visit on 09-13-2015. No other urine drug screenings were included or discussed in the medical review. The injured worker is considered in a "high risk category" requiring monthly testing. Treatment plan consists of a hinged knee brace and the current request for Celebrex 200mg #30, Xanax 1mg #30, Topical cream 2% and Ambien 10mg #15. On 10-13-2015, the Utilization Review determined the requests for Celebrex 200mg #30, Xanax 1mg #30, Topical cream 2% and Ambien 10mg #15 were not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30: Upheld**

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

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

**Decision rationale:** Celebrex (Celecoxib) is a nonsteroidal 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. Unlike other NSAIDs, Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. Celebrex may be considered if the patient has a risk of 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. In this case, there is no documentation of the medication's pain relief effectiveness or functional improvement, as compared to functionality using a non-prescription anti-inflammatory medication. The medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

**Xanax 1mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

**Decision rationale:** According to CA MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Xanax (Alprazolam) is a short-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines limit use of this medication to four weeks. The documentation indicates the patient has depression and anxiety. The guidelines recommend that a more appropriate treatment for an anxiety and depression disorder would be an antidepressant. There is no documentation provided indicating that the patient is maintained on any antidepressant medication. The patient would benefit from a mental health evaluation to determine the appropriate medical therapy for her depression and anxiety conditions. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Topical cream 2%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, there is no documentation of the ingredients in the topical cream. Medical necessity for the topical analgesic cream has not been established. The requested medication is not medically necessary.

**Ambien 10mg #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

**Decision rationale:** Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory more than opioid analgesics, and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There is no documentation of the duration of prior Ambien use. There is no documentation provided indicating medical necessity for Ambien. The requested medication is not medically necessary.