

<b>Case Number:</b>	CM13-0015398		
<b>Date Assigned:</b>	10/08/2013	<b>Date of Injury:</b>	06/01/2007
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 physician 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:

The patient is a 50 year old female who reported an injury on 06/01/2007. The mechanism of injury was not provided. She was diagnosed with bilateral carpal tunnel syndrome and bilateral ulnar neuropraxia with extensive synovitis and scar tissue formation on the left. She received a right carpal tunnel release on 12/04/2008 and a left release with tenosynovectomy and debridement on 06/25/2009. She received appropriate post-operative physical therapy, occupational therapy, chiropractic, and home exercises, all which were reported to be of benefit. The patient continues to experience a gradual increase in pain, for which medication adjustments are made in relation to their effectiveness/the patient's tolerance. The patient continues to complain of undesirable symptoms. ã¿

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Silenor 3mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter.

**Decision rationale:** The California MTUS and ACOEM Guidelines did not address the use of pharmacologic sleep aids, therefore, the Official Disability Guidelines (ODG) were utilized. The ODG recommends certain sleep aid medications only after a careful evaluation of potential causes of insomnia has been performed. Guidelines note that a failure of insomnia to resolve in 7-10 days may indicate a psychological illness. Once a sleep aid has been prescribed, the ODG recommend assessing its effects on the components of insomnia, including time of sleep onset, sleep maintenance, sleep quality and next-day functioning. Silenor is a hypnotic that is used for individuals who have difficulty staying asleep. However, the only non-benzodiazepine sedative-hypnotics recommended by ODG are Ambien, Zalepon, and sedating antidepressants. Furthermore, the patient has been prescribed this medication for over 6 months with no objective documentation of its efficacy. Therefore, the request for Silenor 3mg #60 is not medically necessary and appropriate.