

<b>Case Number:</b>	CM13-0050935		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/08/2005
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for reflex sympathetic dystrophy reportedly associated with an industrial injury of August 8, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; anxiolytics; antidepressants; psychological testing; psychological counseling; and extensive periods of time off of work, on total temporary disability. In a utilization review report of November 7, 2013, the claims administrator approved a request for Dilaudid, denied a request for Silenor, and denied a request for Valium. The applicant's attorney subsequently appealed. Earlier progress notes interspersed throughout 2012 and 2013 are notable for comments that the applicant is having issues with depression, insomnia, and anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Silenor 6mg #30 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**Decision rationale:** As noted in the ACOEM Guidelines, antidepressants may take weeks to exert their maximal effect. In this case, the applicant is seemingly having ongoing issues with depression, anxiety, and insomnia. Usage of a sedating antidepressant, Silenor (doxepin) may therefore be an appropriate choice. Accordingly, the request is medically necessary and appropriate.

**Diazepam 5mg #75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** As noted in the ACOEM Guidelines in chapter 15, anxiolytic medications such as diazepam or Valium are noted recommended as first-line therapy for stress related conditions. Anxiolytics such as diazepam or Valium can be employed on a short-term basis for brief periods in cases of overwhelming symptoms, which interfere with daily functioning. In this case, however, the applicant has been given a certification for an antidepressant medication, doxepin, above. Usage of doxepin as monotherapy for depression and insomnia is seemingly a more appropriate option than combo-therapy with Valium (diazepam), which is not recommended for long-term use purposes by ACOEM Guidelines. Accordingly, the request is not medically necessary and appropriate.