

<b>Case Number:</b>	CM14-0003417		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	05/03/1997
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Physical Medicine and Rehabilitation 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 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:

The injured worker is a 64 year old male who reported an injury on 05/03/1997. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 01/08/2014 reported the injured worker complained of right shoulder pain rated 2-3/10 with medications and 6-10 without medications. The injured worker reported his quality of sleep was poor, but with the addition of Silenor his sleep was improved and he was able to sleep 6 hours per night. The injured worker noted no side effects with his medications. The physical exam noted right shoulder movements were restricted with flexion limited to 100 degrees limited by pain. The provider noted a positive Hawkins, Neer and Drop arm test. The injured worker had a diagnosis of right shoulder pain. The last urine drug screen documented was on 07/21/2010. The provider requested for silenor 3 mg tab # 30 and OxyContin 20 mg tab # 135.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SILENOR 3MG TAB #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

**Decision rationale:** The request for silenor 3 mg tablets # 30 is non-certified. The injured worker complained of right shoulder pain rated 2-3/10 with medications and 6-10 without medications. The injured worker reported his quality of sleep is poor, but with the addition of Silenor his sleep has improved and now able to sleep 6 hours per night. The injured worker noted no side effects with current medications. The California MTUS guidelines do not recommend the requested medication for long term use because of long term efficacy is unproven and there is a risk of dependence. The guidelines also note use is limited to 4 weeks. The injured worker has been utilizing the medication since 2013; therefore, the request exceeds the guideline recommendations for 4 weeks of use. The efficacy of the medication was unclear. Therefore, the request for silenor 3 mg tablets # 30 is not medically necessary and appropriate.

**OXYCONTIN 20MG TAB #135:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 78

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-79.

**Decision rationale:** The request for Oxycontin 20mg tablets # 135 is non-certified. The injured worker complained of right shoulder pain rated 2-3/10 with medications and 6-10 without medications. The injured worker reported his quality of sleep is poor, but with the addition of Silenor his sleep has improved and now able to sleep 6 hours per night. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend documentation of a pain assessment, to include average pain, last reported pain over the period since last assessment, intensity of pain after taking the opioid, and how long it takes for pain relief and how long pain relief last. The guidelines recommend the use of a urine drug screen. There is a lack of an adequate pain assessment documented by the provider. In addition the guidelines recommend the use of a urine drug screen, the documentation provided noted the last urine drug screen was performed on 07/2010. The efficacy of the medication was unclear. Therefore, the request for OxyContin 20 mg tablets # 135 is not medically necessary or appropriate.