

<b>Case Number:</b>	CM14-0159659		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	05/03/1997
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 New Jersey and New York. 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 was injured on 5/3/97 due to a fall. He complained of right shoulder pain. On exam, he had a tender shoulder with decreased range of motion. An MRI showed a supraspinatus tear and tendinosis of the rotator cuff. He was diagnosed with shoulder pain and supraspinatus tear. He had right shoulder arthroscopic surgery in 12/2006. A 2007 MRI showed recurrent suprinatus tear. His medications included oxycontin, gabapentin, Celebrex, Celexa, flexeril, Norco, and Silenor. He had a UDS (urine drug screen) positive for opiates but negative for gabapentin. The pain decreased from 8-9/10 to 5-6/10. He has poor sleep quality. The current request is for Celexa and Silenor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Silenor 3mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 14-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antidepressants

**Decision rationale:** The request for Silenor is not medically necessary. It is a tricyclic antidepressant being used to treat insomnia. The patient was on long-term Doxepin for insomnia. TCA (tricyclic antidepressants) are first-line treatment for neuropathic pain accompanied by insomnia and depression, unless they are ineffective, poorly tolerated, or contraindicated. Outcome should be evaluated at one week of treatment with a recommended trial of at least 4 weeks. There is not enough documentation to indicate symptom relief within 4 weeks of use. Patient is sleeping 7 hours as per the chart but there is no documentation on improvement in depressive symptoms. No psychological assessments were noted. Therefore, the request is considered not medically necessary.

**Celexa 20mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-15.

**Decision rationale:** The request is considered not medically necessary. The Celexa was prescribed for radicular pain from the shoulder and decreased mood secondary to pain. The patient states that his mood is improved and neuropathic pain is controlled with Neurontin and Celexa. However, there is no clear documentation with psychological assessments such as Beck Depression Inventory to indicate the medical necessity for the medication. There is no documentation of improvement of depressive symptoms. Therefore, the request is considered not medically necessary.