

Case Number:	CM14-0045271		
Date Assigned:	06/27/2014	Date of Injury:	05/03/1997
Decision Date:	07/31/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 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 applicant is a represented [REDACTED] who has filed a claim for chronic pain syndrome and depression reportedly associated with an industrial injury of May 3, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; antidepressant medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 14, 2014, the claims administrator apparently denied a request for Silenor. The claims administrator stated that Silenor (doxepin) was not indicated here. OxyContin, Senna, and Celexa were apparently approved. It did appear that the claims administrator seemingly denied Silenor on the grounds that he considered Silenor a selective serotonin reuptake inhibitor (SSRI) medication. The applicant's attorney subsequently appealed. A January 8, 2014 progress note was notable for comments that the applicant was ongoing issues with shoulder pain, 2 to 3/10 with medications and 6/10 without medications. The applicant stated that introduction of Silenor had ameliorated his sleep, function, and activities of daily living. The attending provider stated that the combination of medications was ameliorating the applicant's ability to perform chores around the home, including washing dishes and doing laundry. It was acknowledged, however, that the applicant was now working with permanent limitations in place and that the applicant was still smoking. The applicant's primary diagnosis was shoulder pain. It appeared, based on the provided information, that Silenor was being employed primarily for insomnia effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Silenor 3mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

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

Decision rationale: The Official Disability Guidelines indicate that sedating antidepressants can be employed in the treatment of insomnia, particularly when an applicant presents with coexisting depressive symptoms. In this case, the claims administrator has documented the presence of concurrent depressive symptoms present here for which the applicant is apparently using Celexa, a serotonin reuptake inhibitor (SSRI) antidepressant. The addition of Silenor, a sedating antidepressant, to improve the applicant's longstanding sleep disturbance issues is therefore indicated, appropriate, and at least tepidly supported by the guidelines. Accordingly, the request is medically necessary.