

<b>Case Number:</b>	CM14-0073614		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/03/1997
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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, has a subspecialty in Pain 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 injured worker is a 64 year-old male with a date of injury of 5/3/1997. The patient's industrially related diagnoses include right upper extremity and right shoulder pain. The disputed issues are Senna #60, Celexa 20mg #60, Silenor 3mg #30 and Colace 100mg #60. A utilization review determination on 5/15/2014 had non-certified these requests. The stated rationale for the denial of Senna and Colace is that "there is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of these medications when necessary. " Celexa is non-certified because "there is no indication in the documentation that the patient has been diagnosed with depression. Additionally, there is no indication that the patient has been formally evaluation by a psychiatrist specialist to assign an appropriate diagnosis and guide medication management." Lastly the stated rational for the denial of Silenor is that "the patient reported ongoing difficulty in falling asleep, difficulty staying asleep, and poor sleep quality. These complaints would indication a lack of medication efficacy regarding current insomnia treatment." Therefore it was not recommended as medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna SIG, qty 60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines on pages 76-80 states the following regarding constipation, an adverse side effect of ongoing use of opioids, "Prophylactic treatment of constipation should be initiated." The injured worker is prescribed OxyContin 20mg 2-3 tabs twice a day and Norco up to 1 daily for his pain symptoms. The progress note states "medication side effects felt by the patient include constipation." The injured worker uses Senna for constipation and the progress note on 4/30/14 comments that "it is effective to manage his constipation from his opiate medications." Senna is an FDA-approved nonprescription stimulant laxative. It is used for the short-term treatment of constipation. Therefore as recommended by the guidelines, Senna SIG, Qty 60 is medically necessary for the treatment of constipation.

**Celexa 20mg tablet, qty 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants for Neuropathic Pain Page(s): 13-17.

**Decision rationale:** Antidepressants are recommended as first line treatment of neuropathic pain. According to the guidelines "Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." For non-neuropathic pain they are "recommended as an option in depressed patients, but effectiveness is limited." However, the treating physician states in the progress note that Celexa is being used for "treatment of radicular pain from shoulder down RUE as well as for treatment of decreased mood secondary to pain." The injured worker reports that "his mood is improved with the medication and his neuropathic pain is under better control with use in combination with Neurontin." Celexa is a SSRI. "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004)" Although Celexa is not a tricyclic antidepressant, thus not the first line option, the injured worker has been taking it and reported positive results: psychological improvement and pain reduction. Therefore, it is medically necessary for him to continue on it.

**Silenor 3mg tablet, qty 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment of

Insomnia Other Medical Treatment Guideline or Medical Evidence:Physician's Desk Reference (PDR) or Silenor.

**Decision rationale:** The California Medical Treatment and Utilization Schedule does not directly address sleep agents. The Official Disability Guidelines suggest the following general guidelines in treatment of insomnia: "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: sleep onset; sleep maintenance; sleep quality; & next-day functioning. See the Pain Chapter for detailed recommendations and references."ODG Pharmacologic Treatment of Insomnia - four main categories: benzodiazepines; non-benzodiazepines; melatonin receptor agonists; & sedating antihistamines (primarily over-the-counter medications). According to the PDR, Silenor (doxepin) is an H1-antagonist and indicated for the "treatment of insomnia characterized by difficulties with sleep maintenance." Furthermore, it warns that "failure of remission after 7-10 days may indicate the presence of primary psychiatric and/or medical illness that should be evaluated." Regarding sleep, the progress note states that the injured worker reports that "quality of sleep is poor. Disturbed by pain--difficulty initiating and staying asleep." This indicates that the current use of Silenor for the management of insomnia is not effective and as stated in the PDR, further evaluation is warranted. Therefore Silenor 3mg tablet, Qty 30 is not medically necessary.ODG Pharmacologic Treatment of Insomnia:Pharmacologic Treatment: There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin receptor agonists; & (4) Sedating antihistamines (primarily over-the-counter medications). "According to the PDR, Silenor (doxepin) is an H1-antagonist and indicated for the "treatment of insomnia characterized by difficulties with sleep maintenance." Furthermore, it warns that "failure of remission after 7-10 days may indicate the presence of primary psychiatric and/or medical illness that should be evaluated." Regarding sleep, the progress note states that the injured worker reports that "quality of sleep is poor. Disturbed by pain--difficulty initiating and staying asleep." This indicates that the current use of Silenor for the management of insomnia is not effective and as stated in the PDR, further evaluation is warranted. Therefore Silenor is not medically necessary.

**Colace 100mg, qty 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, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines on pages 76-80 states the following regarding constipation, an adverse side effect of ongoing use of opioids, "Prophylactic treatment of constipation should be initiated." The injured worker is prescribed OxyContin 20mg 2-3 tabs twice a day and Norco up to 1 daily for his pain symptoms. The progress note states

"medication side effects felt by the patient include constipation." The injured worker uses Senna 1 up to twice a day as needed for constipation and the progress note on 4/30/14 comments that "it is effective to manage his constipation from his opiate medications." The treating physician is requesting Colace in addition to Senna but the progress note states that constipation is already managed with Senna. Therefore Colace 100mg, Qty 60 is not medically necessary.