

Case Number:	CM14-0094232		
Date Assigned:	07/25/2014	Date of Injury:	05/28/2006
Decision Date:	12/31/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/20/2014

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 Internal 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 was a 56 year old male, who was injured on the job May 28, 2006. The injured worker was diagnosed with cervical postlaminectomy syndrome, cervical disc degeneration, cervical facet syndrome and shoulder pain from an injury on December 13, 2007. The injured worker had been taking Valium to assist with falling to sleep. According to the progress note of April 29, 2014, the Valium was denied by the UR and the primary physician add Silenor to the injured works medications, to aide with sleep. According to the progress note of June 24, 2014, the injured worker was sleeping poorly, but that the injured worker activity level has increased . The injured worker is able to drive about three hours before the neck pain is too severe to drive any further. The injured worker's pain level was a 7 out of 10; 0 being no pain and 10 being the worse pain, in the injured workers neck. The injured worker was taking dilaudid, oxycontin, valium, ibuprofen ad using lidoderm patches for pain control. According to the progress note of June 24, 2014, the injured worker had restricted range of motion to the neck. The documentation failed to support what neck restrictions the injured worker had. The injured worker had trialed with Trazodone, Restoril and Roserem for sleep and failed. The injured worker uses Valium which has been the most successful for sleep. In the documentation submitted for review, no diagnostic reports were available for review. On June 13, 2014 the UR denied authorization of Silenor and Valium, due to not medically necessary according to the MTUS guidelines for benzodiazepines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Silenor 6mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13,16,107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Antidepressants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Silenor 6 mg #30 with one refill is not medically necessary. Silenor is a tricyclic antidepressant. It should be used with caution because they have a low threshold for toxicity and tricyclic antidepressant overdose is a significant cause of fatal poisoning due to their cardiovascular and neurological effects. Sedating antidepressants have been used to treat insomnia. However, there is less evidence to support their use for insomnia. In this case, the injured worker took trazodone (tricyclic antidepressant) in the past and failed treatment with the drug. Silenor is a drug in that same class. The injured worker complains of sleep disturbance that has been unresponsive to the antidepressant (side effect profile). There is no working diagnosis of insomnia in the medical record. Restoril and Roserem have been tried and failed. Consequently, based on the side effect profile, prior trial and failure with trazodone (an antidepressant), Silenor 6 mg #30 with one refill is not medically necessary.

Valium 5mg #10: 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 Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Valium 5 mg #10 is not medically necessary. Benzodiazepines are not recommended for long-term use because and there is a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepine use is the treatment of choice in very few conditions. In this case, the medical record is limited to 30 pages. The working diagnoses are post cervical laminectomy syndrome, cervical disk degenerative disease, cervical facet syndrome, and shoulder pain. The January 7, 2014 note indicates valium is being given as needed for sleep. It is unclear from the documentation how long the injured worker was taking Valium. Valium is not recommended for long-term use and sleep is not an indication for its use. Consequently, absent the appropriate documentation of clinical indication, valium 5 mg #10 is not medically necessary.