MAXIMUS Federal Services

Case Number:	CM14-0179921		
Date Assigned:	12/15/2014	Date of Injury:	03/04/2011
Decision Date:	01/28/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/29/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 patient is a 69 year old female with an injury date on 03/04/2011. Based on the 07/30/2014 progress report provided by the treating physician, the diagnoses are:1. Knee pain2. Hip pain3. Low back pain4. Sacroiliac pain5. Lumbar radiculopathy6. Spinal/lumbar DDD According to this report, the patient complains of low back pain radiating down the legs with backache and bilateral knee pain. Pain is rated as a 6/10 with medications and a 9/10 without medications. The patient states "medications are working well" and "quality of sleep is fair." Physical exam reveals tenderness and tightness at the lumbar paravertebral muscles and left SI joint. Lumbar range of motion is restricted. Gaenslen's test, Straight Leg Raise, FABER test are positive. Deep tendon reflexes of the bilateral patella and Achilles tendon are a 1/4. Motor strength of the EHL, right ankle dorsi flexor's, and right ankle planter flexor's is a 4+/5.Patient's treatments to date consist of left SI joint injection, use cane for balance, and S/P right meniscus repair. The treatment plan is to request for lumbar X-ray, Lumbar epidural steroid injection, SI joint injection, and consultation with orthopedic. There were no other significant findings noted on this report. The utilization review denied the request for Silenor 3mg, #30 on 10/21/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 07/02/2014 to 07/30/2014.

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 Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Tricyclics, Medication for chronic pain Page(s): 13-15, 60, 122.

Decision rationale: According to the 07/30/2014 report, this patient presents with low back pain radiating down the legs with backache and bilateral knee pain. The current request is Silenor 3mg, #30 for "sleep disturbance secondary to pain." This medication was first mentioned in the 07/02/2014 report; it is unknown exactly when the patient initially started taking this medication. Silenor (Doxepin) is a tricyclic antidepressant drug used to treat sleep problems (insomnia). The MTUS guidelines on page 15 states, "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. MTUS on page 122 states, "Recommended. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." In reviewing the reports, the treating physician mentions that the "medications are working well" and "quality of sleep is fair." In this case, the patient has been taking Silenor for her pain and sleep disturbance, and the treating physician documented the efficacy of the medication as required by the MTUS guidelines on page 60. Therefore, the request is medically necessary.