

Case Number:	CM15-0106362		
Date Assigned:	06/10/2015	Date of Injury:	07/08/2011
Decision Date:	07/16/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 52 year old, male who sustained a work related injury on 7/8/11. The diagnoses have included status post right knee replacement, chronic low back pain and rule out right hip joint arthritic pain. Treatments have included oral medications, Lidoderm patches, Biofreeze gel and home exercise. In the PR-2 dated 5/4/15, the injured worker complains of low back pain and knee pain. He is struggling with sleep. He has tried different medications recommended for chronic back pain and he has not tolerated any of them. He complains of decreased motivation, inability to sleep, depression and anxiety. He tried Lunesta for sleep and it did not help. He is walking for exercise. With pain medication, he is able to walk two blocks. He rates his pain level a 9/10 that comes down to 4/10. The treatment plan includes a trial of the medication Silenor, refills of other medications and a request for authorization for a psychotherapy consultation.

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 for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov: Silenor (Doxepin).

Decision rationale: Silenor (Doxepin) is specifically indicated for the treatment of insomnia characterized by difficulty with sleep maintenance. The injured worker has been diagnosed with chronic low back pain, rules out right hip joint arthritic pain and is status post right knee replacement. He presented with complaints of decreased motivation, inability to sleep, depression and anxiety. He failed trial of Lunesta for sleep. The request for a Silenor trial for insomnia is clinically indicated at this time based on continued sleep problems and failed treatments, for the same in the past. Thus, the request for Silenor 3mg #30 is medically necessary.