

Case Number:	CM15-0138639		
Date Assigned:	07/28/2015	Date of Injury:	02/19/2009
Decision Date:	08/27/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/17/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Silenor 6 mg #30. CPMTG, Antidepressants for chronic pain pg 13-15. Per the MTUS guidelines cited, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics (e.g. doxepin) are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. In addition, tricyclic antidepressants are recommended as a first-line option if pain is accompanied by insomnia, anxiety, or depression. According to the recent treating provider's note from 6/25/2015, the IW had difficulty sleeping secondary to pain (radiculitis); however, during a trial of Silenor, he was able to sleep at least 5 hours each night. He felt that with the medication he was able to better control pain, increase activities of daily living, and had no medication side effects. Therefore, based on the MTUS cited and clinical improvement of the IW, Silenor 6 mg #30 is medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Silenor 6mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Insomnia treatment.

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

Decision rationale: Per the MTUS guidelines cited, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics (e.g. doxepin) are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. In addition, tricyclic antidepressants are recommended as a first-line option if pain is accompanied by insomnia, anxiety, or depression. According to the recent treating provider's note from 6/25/2015, the IW had difficulty sleeping secondary to pain (radiculitis); however, during a trial of Silenor, he was able to sleep at least 5 hours each night. He felt that with the medication he was able to better control pain, increase activities of daily living, and had no medication side effects. Therefore, based on the MTUS cited and clinical improvement of the IW, Silenor 6 mg #30 is medically necessary and appropriate.