

Case Number:	CM15-0181106		
Date Assigned:	09/22/2015	Date of Injury:	04/22/2013
Decision Date:	10/29/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: Texas, Illinois

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

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 49 year old female who sustained an industrial injury on 04-22-2013. Current diagnoses include low back pain and chronic right wrist pain. Report dated 08-19-2015 noted that the injured worker presented with complaints that included low back pain and bilateral wrist pain, lower extremity paresthesias. Current medications include Norco, Elavil, Gralise, and Zanaflex. The injured worker noted that Zanaflex was helping with spasms at night and helping her to sleep. The physician documented that the Zanaflex was denied recently. Subjective findings from the report dated 09-19-2015 were documented as the patient is wearing a right wrist splint. Previous diagnostic studies included a lumbar spine MRI and EMG-NCV study of the right arm. Previous treatments included medications, wrist splint, and surgical intervention. The treatment plan included prescribing Norco for pain, Silenor for sleep, request for laboratory evaluation, and follow up in 1 month. Request for authorization dated 08-27-2015, included requests for labs for evaluation of liver, Norco, and Silenor. The utilization review dated 09-03-2015, non-certified the request for Silenor.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Medscape doxepin (Rx)Silenor <http://reference.medscape.com/drug/silenor-doxepin-342940>.

Decision rationale: The injured worker sustained a work related injury on 04-22-2013. The medical records provided indicate the diagnosis of low back pain and chronic right wrist pain. Treatments have included Norco, Elavil, Gralise, and Zanaflex. The medical records provided for review do indicate a medical necessity for Silenor 3mg #30. Medscape identifies Silenor (Doxepine), is a tricyclic antidepressant. The MTUS recommends the antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The Medical records indicate the injured worker benefited from the sample that had been given her earlier; the benefit included improved sleep. The requested treatment is medically necessary and appropriate.