

Case Number:	CM15-0196340		
Date Assigned:	10/09/2015	Date of Injury:	01/14/1993
Decision Date:	11/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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, New York, California

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:

In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve a request for Silenor. The claims administrator referenced an RFA form received on September 17, 2015 in its determination. The applicant's attorney subsequently appealed. On September 9, 2015, the applicant reported ongoing complaints of neck and shoulder pain. Pain complaints as high as 9/10 were reported. The claimant was unable to do activities of daily living as basic as cooking, laundry, and dishes, it was reported, owing to heightened pain complaints. The applicant's medications included Oxycodone, Effexor, Plaquenil, prednisone, methotrexate, Celebrex, Colace, Reglan, and Tagamet. The applicant was given a shoulder corticosteroid injection in the clinic. The attending provider stated that he was furnishing the applicant with prescriptions for Oxycodone, Silenor, and Tagamet. Permanent work restrictions were renewed, seemingly resulting in the applicant's removal from the workplace. The attending provider stated in one section of the note that the request for Silenor represented a first-time request for the same. There was no mention of the applicant's using Silenor on progress notes of April 22, 2015 or July 15, 2015. A progress note of June 17, 2015 likewise made no mention of the applicant employing Silenor as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Silenor 3 mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Medications for chronic pain.

Decision rationale: No, the request for Silenor, a tricyclic antidepressant, was not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tricyclic antidepressants are a first-line treatment for chronic pain, as was seemingly present here on or around the date of the request, September 9, 2015, this recommendation is, however, qualified by commentary made on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that analgesic effects of antidepressant should occur within 1 week. Here, thus, the request for a 2-month, 30-tablet, 1-refill supply of Silenor (doxepin), thus, ran counter to the philosophy espoused on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that the analgesic effects of antidepressant should show effect within 1 week. Here, the request for such a lengthy, protracted course of Silenor was not indicated, without a proviso to re-evaluate the applicant following completion of the same so as to ensure a favorable response to treatment before moving forward with the same. Therefore, the request was not medically necessary.