

Case Number:	CM15-0202810		
Date Assigned:	10/19/2015	Date of Injury:	01/08/2001
Decision Date:	12/04/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/15/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 77 year old female, who sustained an industrial injury on January 08, 2001. The injured worker was diagnosed as having probable right hip arthritic pain with "mild" osteoarthritis of the right hip as noted on x-ray; lumbar two to three hemi-laminectomy, lumbar three to four bilateral laminectomy, and partial lumbar four to five bilateral laminectomy; status post lumbar spine surgery times two: unilateral laminectomy lumbar three to four; left paracentral epidural fibrosis at lumbar two to three, lumbar three to four right paracentral epidural fibrosis, left paracentral possible protrusion on the left lumbar three to four, decompressions at lumbar two to three through lumbar three to four, scoliosis with multi-level foraminal stenosis to the lumbar four to five more on the left, and along with lumbar three to four and lumbar two to three on the right per magnetic resonance imaging in October of 2011. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the lumbar spine, epidurals, x-rays of the right hip, and above noted procedures. In a progress note dated September 16, 2015 the treating physician reports complaints of pain to the low back and right hip along with sleep disturbance. The progress note from September 16, 2015 did not include a current examination, but noted that he injured worker had "no significant change". Examination performed on August 19, 2015 noted "mild" pitting edema to the lower leg, tenderness to the right knee, and slow, "mild" antalgic gait. The injured worker's medication regimen on September 16, 2015 included Norco, Zolof, Orenzia, and Amitriptyline (prescribed on August 19, 2015). On September 16, 2015 the treating physician noted prior use of the medication of Amitriptyline for sleep, but noted that the medication "did nothing for her". In the

progress note from August 19, 2015 the treating physician noted that the injured worker had neuropathic symptoms to the right lower extremity and initiated the medication Amitriptyline for "her neuropathic pain and to improve her sleep at night." The progress notes from September 16, 2015 and August 19, 2015 did not include documentation of the injured worker's daily wake time, daily bedtime, exercise schedule, any relaxation techniques performed prior to bedtime, any use of or avoidance of stimulants prior to bed, any napping during the day, when the onset of sleep is, the quality of sleep, and next-day functioning to determine the need for and the effects of sleep medications for the injured worker. On the treating physician requested Silenor 3mg with a quantity of 60 noting that the use of Amitriptyline "did not do much for her". On October 01, 2015 the Utilization Review denied the request for Silenor 3mg with a quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Silenor 3mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the MTUS, 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. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. Silenor is a tricyclic antidepressant medication. In this case the provider indicates that amitriptyline isn't working for the patient regarding pain and sleep. The documentation doesn't support that previous trial of tricyclic antidepressant medication has been effective. Furthermore, there is not a comprehensive sleep assessment indicating insomnia. The use of Silenor is not medically necessary.