

Case Number:	CM15-0212517		
Date Assigned:	11/02/2015	Date of Injury:	09/17/2001
Decision Date:	12/11/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/28/2015

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, Indiana, New York
 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 46 year old female, who sustained an industrial injury on 09-17-2001. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for neck pain with cervical facet syndrome and radiculopathy, shoulder pain, muscle spasms, and mood disorders. Medical records (05-28-2015 to 10-14-2015) indicate ongoing neck pain with radiating pain down both arms. Pain levels were rated 3-4 out of 10 in severity on a visual analog scale (VAS) with medications and 9 out of 10 without medications. The IW also reported "fair sleep quality" and that medications are less effective. Records also indicate a decrease in sleep quality since the previous progress note. Per the treating physician's progress report (PR), the IW has returned to work full time. The physical exam, dated 10-14-2015, revealed restricted range of motion (ROM) in the cervical spine, tenderness, spasms and hypertonicity to the bilateral paravertebral muscles, tenderness to the cervical paraspinal muscles, trapezius and rhomboids, decreased reflexes in the upper extremity muscles bilaterally, positive orthopedic testing in the cervical spine and left shoulder, restricted and painful ROM in both shoulders, and decreased sensation in the C6 and C7 dermatomes bilaterally. Relevant treatments have included: cervical decompression with laminectomy, foraminotomy and laminoplasty, cervical injections, physical therapy (PT), work restrictions, and pain medications (Ambien for several months). The treating physician indicates that the prescription for Silenor is a new prescription as of 10-14-2015. The request for authorization (10-14-2015) shows that the following medication was requested: Silenor (doxepin) 3mg #30. The original utilization review (10-21-2015) non-certified the request for Silenor (doxepin) 3mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Silenor 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moore & Jefferson: Handbook of Medical Psychiatry, 2nd ed., Mosby, Inc. Pp. 230, 460.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a682390.html>.

Decision rationale: Pursuant to MEDLINE plus, Silenor 3 mg #30 is not medically necessary. Doxepin is used to treat depression and anxiety. Doxepin is in a class of medications called tricyclic antidepressants. It works by increasing the amounts of certain natural substances in the brain that are needed for mental balance. In this case, the injured workers working diagnoses are mood disorder; pain unspecified shoulder; other spondylosis with myelopathy cervical; cervical brachial syndrome; cervical radiculopathy; and other muscle spasm. Date of injury is September 17, 2001. Request for authorization is October 14, 2015. According to an October 14, 2015 progress note, subjective complaints include neck pain with radiation to the upper extremities. Pain score is 4/10. The injured worker admits to fair sleep. There is no documentation of insomnia. The documentation includes failed medications. The failed medications include Lyrica, doxepin (Silenor) and Nexium. Objectively, there is decreased range of motion and positive facet loading. Silenor was prescribed for sleep. The documentation does not contain subjective complaints of insomnia sleep difficulties. Ambien was previously noncertified (according to the utilization review) based on no documentation of insomnia or sleep difficulties. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation of insomnia or sleep difficulties and documentation of failed medications including Silenor (Doxepin), Silenor 3 mg #30 is not medically necessary.