

Case Number:	CM15-0219326		
Date Assigned:	11/12/2015	Date of Injury:	09/18/2001
Decision Date:	12/30/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/07/2015

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:

The applicant is a represented 63-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 18, 2001. In a Utilization Review report dated October 27, 2015, the claims administrator approved a request for Vicodin while partially approving and/or failing to approve request for Silenor and baclofen. The claims administrator referenced an October 14, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said October 14, 2015 office visit, the applicant reported 8/10 pain without medications versus 6/10 with medications. The treating provider contended that the applicant's medications were beneficial. The applicant's medications included Silenor, Vicodin, baclofen, and Belsomra, the treating provider reported. In another section of the note, the treating provider stated, somewhat incongruously, that Belsomra had caused nightmares. Baclofen, Vicodin, and Silenor were renewed and/or continued. The applicant was not working with permanent limitations in place, the treating provider reported. The applicant was described in one section of the note as having ongoing issues with lack of sleep, despite ongoing Silenor usage. The applicant's sleep quality was fair, the treating provider reported in yet another section of the note. On an earlier note dated September 16, 2015, it was acknowledged that the applicant was using Silenor, baclofen, Vicodin, and Belsomra. Once again, it was noted that the applicant was permanent and stationary and not working. The applicant's quality of sleep was again described as fair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Silenor 3mg at bedtime, #30 with 3 refills: 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-TWC), Mental Illness & Stress; Handbook of Medical Psychiatry - Moore & Jefferson.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: No, the request for Silenor, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 notes that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendation so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider contended that Silenor (doxepin) was being employed for sedative effect purposes. Here, however, an October 14, 2015 office visit suggested that the applicant was still having issues with sleep disturbance, despite ongoing Silenor usage. The applicant's quality of sleep was only fair, the treating provider reported on said October 14, 2015 office visit. It did not appear that the applicant's quality of sleep was improved when contrasted against a prior note dated September 16, 2015, at which point, the applicant's quality of sleep was again described as fair. One section of the October 14, 2015 office visit stated that the applicant was having ongoing issues with lack of sleep, despite ongoing Silenor usage. It did not appear, in short, that ongoing usage of Silenor had effectively ameliorated ongoing issues with pain-induced insomnia. Continuing the same, on balance, was not, thus, indicated here. Therefore, the request is not medically necessary.

Silenor 6mg at bedtime #30 with 3 refills: 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-TWC), Mental Illness & Stress; Handbook of Medical Psychiatry - Moore & Jefferson.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: No, the request for Silenor, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 notes that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendation so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider contended that Silenor (doxepin) was being employed for sedative effect purposes. Here, however, an October 14, 2015 office visit suggested that the applicant was still having issues with sleep disturbance, despite ongoing Silenor usage. The applicant's quality of sleep was only fair, the treating provider reported on said October 14, 2015 office visit. It did not

appear that the applicant's quality of sleep was improved when contrasted against a prior note dated September 16, 2015, at which point, the applicant's quality of sleep was again described as fair. One section of the October 14, 2015 office visit stated that the applicant was having ongoing issues with lack of sleep, despite ongoing Silenor usage. It did not appear, in short, that ongoing usage of Silenor had effectively ameliorated ongoing issues with pain-induced insomnia. Continuing the same, on balance, was not, thus, indicated here. Therefore, the request is not medically necessary.

Baclofen 10mg twice daily as needed, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Muscle relaxants (for pain).

Decision rationale: Finally, the request for baclofen, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the treatment of spasticity associated with multiple sclerosis and/or spinal cord injuries but can be employed for unlabeled use for neuropathic pain, as was seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, the treating provider reported on October 14, 2015. Permanent work restrictions were renewed, unchanged from previous visit on that date. Ongoing usage of baclofen failed to curtail the applicant's dependence on opioid agents such as Vicodin, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.