

Case Number:	CM15-0082425		
Date Assigned:	05/04/2015	Date of Injury:	05/24/2012
Decision Date:	06/03/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old male, who sustained an industrial injury on 05/24/2012. The initial complaints or symptoms included a traumatic amputation of the left upper extremity above the elbow. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, psychological therapy, left upper extremity surgeries, and target muscle reinnervation surgery. Currently, the injured worker complains of increasing and constant pain in the bilateral shoulders, left arm (phantom pain), neck and upper back area. It was noted that the injured worker was recently seen in the emergency room on 03/07/2015 for severe pain and was treated with an injection of Dilaudid. The diagnoses include left shoulder pain, left shoulder minimal signal within the distal aspect of the supraspinatus tendon, right shoulder over-compensation pain, left above elbow traumatic amputation, psychological trauma, and tinnitus. The request for authorization included Silenor and Zipsor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Silenor 6mg #60 (1-2 po qhs for sleep): 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), Pain, Insomnia treatment; <http://www.rxlist.com/silenor-drug/nindcations-dosage.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines Silenor Prescribing Information.

Decision rationale: The claimant is more than three years status post work-related injury sustained at above elbow amputation. In August 2014 he underwent further surgery. When seen, he was having withdrawal symptoms while trying to discontinue use of methadone. He was having difficulty sleeping. Previous medications had included Ambien and Lunesta. A trial of the medications being requested was started. Silenor (doxepin) is a tricyclic antidepressant that is used for the treatment of insomnia characterized by difficulties with sleep maintenance. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, the request is not medically necessary.

Zipsor 50 mg #60 (1 po bid with food): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Zipsor (diclofenac potassium liquid-filled capsules).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant is more than three years status post work-related injury sustained at above elbow amputation. In August 2014 he underwent further surgery. When seen, he was having withdrawal symptoms while trying to discontinue use of methadone. He was having difficulty sleeping. Previous medications had included Ambien and Lunesta. A trial of the medications being requested was started. Zipsor (diclofenac) is an oral non-steroidal anti-inflammatory medication which. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of diclofenac is up to 150 mg per day. In this case, the requested dosing is within guideline recommendations and therefore is medically necessary.