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| <b>Case Number:</b>   | CM14-0158702 |                              |            |
| <b>Date Assigned:</b> | 10/02/2014   | <b>Date of Injury:</b>       | 04/08/1993 |
| <b>Decision Date:</b> | 10/28/2014   | <b>UR Denial Date:</b>       | 09/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/26/2014 |

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

47 yr. old male claimant sustained a work injury on 4/8/93 involving the low back. He was diagnosed with lumbar degenerative disk disease and radiculopathy. He had undergone a Spinal Fusion in 1998. He had been on opioids and muscle relaxants for pain and spasms. He had been on anti-epileptics for pain and SSRI antidepressants for pain and decreased mood. A progress note on 8/14/14 indicated the claimant had 5/10 pain with medication. His sleep was poor. Exam findings were notable for limited range of motion of the lumbar spine. There was patchy sensation to pin prick in the lateral right foot and calf. The claimant found prior use of Rozerom ineffective. Trazadone made him "foggy." He was continued on Cymbalta, Norco, Lamictal, and Flexeril with the addition of Silenor 3 mg at night for insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Silenor 3mg #30: 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 Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Medications

**Decision rationale:** Silenor is a Tri-Cyclic Antidepressant. According to the MTUS guidelines, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic's are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. According to the ODG guidelines, insomnia medications are recommended that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Sedating antidepressants such as Silenor have also been used to treat insomnia; however, there is less evidence to support their use for insomnia. In this case, Silenor is not indicated for use for insomnia. In this case, the month long use of Silenor, without sufficient evidence for insomnia and lack of supporting diagnoses, is not medically necessary.