

<b>Case Number:</b>	CM14-0184694		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	12/10/1987
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 52 year old with an injury date on 12/10/87. Patient complains of unchanged low lumbar pain and left foot pain per 8/21/14 report. Patient has radiating symptoms down bilateral buttocks to the lateral aspect of hips, and increased left leg numbness when standing/sitting per 8/21/14 report. Patient has no new problems, side effects, or reinjuries and activity level has remained the same per 8/21/14 report. Based on the 8/21/14 progress report provided by the treating physician, the diagnoses are: 1. lower back pain 2. sacroiliac pain 3. spinal/lumbar degenerative disc disease 4. lumbar radiculopathy Exam on 8/21/14 showed "L-spine limited with extension 5 degrees. Left foot range of motion restricted, limited by decreased in neurological strength (C/W foot drop)." Patient's treatment history includes medications (Flexeril, Silenor, Oxycontin, Oxycodone, Amitiza), and SI joint injection. The treating physician is requesting 1 prescription of silenor 3mg #30. The utilization review determination being challenged is dated 10/23/14. The requesting physician provided treatment reports from 1/16/14 to 10/2/14.

### 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 University of Texas at Austin School of

Nursing, Family Nurse Practitioner Program. Clinical guideline for the treatment of primary insomnia in middle-aged and older adults. Austin (TX): University of Texas at Austin, School of Nursing; 2014 May. 28 p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain, antidepressants; Medications for chronic pain Page(s): 13-16; 60,61.

**Decision rationale:** This patient presents with lower back pain, and left foot pain. The treater has asked for 1 prescription of Silenor 3MG #30 on 8/21/14. Patient has been taking Silenor since 1/16/14 report. Regarding antidepressants, MTUS recommends for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. In this case, the patient presents with chronic back pain. The patient has been taking Silenor for 7 months without documentation of efficacy. Regarding medications for chronic pain, MTUS page 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. Due to a lack of documentation, the requested Silenor is not medically necessary.