

<b>Case Number:</b>	CM15-0115270		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	03/20/1992
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 60 year old male who sustained an industrial injury on 03/20/1992 when he fell from a ladder onto concrete. The injured worker was diagnosed with failed back syndrome, lumbosacral degenerative disc disease, chronic pain syndrome, sleep disturbance and opioid type dependence. The injured worker is status post lumbar back surgery times two (no dates or procedures documented). According to the primary treating physician's progress report on May 26, 2015, the injured worker continues to experience low back pain radiating into the right lower extremity to the foot. The injured worker rates his pain level at 8/10. Examination demonstrated a mild antalgic gait with a stooped posture and some truncal obesity compared to his build. Strength of the upper and lower extremities was grossly intact. The injured worker has not worked since the injury. Current medications are listed as Oxycodone IR and Silenor. Treatment plan consists of discontinuing Doxepin, completing a multi-disciplinary evaluation to promote increased functional activity levels and the current request for Oxycodone IR and Silenor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone IR 15mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** The request is for Oxycodone IR #90 for chronic low back pain. Date of injury was approximately 23 years ago. During this time period he has not returned to work. The records submitted indicate that he is opioid dependent. In this case, there is no documentation of functional improvement with chronic opioid use. There is also no evidence of proper monitoring for the 4 A's as required by MTUS Chronic Pain Guidelines. There is also no documented improvement of psychosocial functioning. Thus, for the above reasons, this request is deemed not medically necessary or appropriate.

**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), 2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental health (insomnia).

**Decision rationale:** The request is for Silenor (Doxepin) a tricyclic anti-depressant prescribed for insomnia. In this case, there is a lack of documentation of investigation into the cause of the patient's insomnia. There is no documentation of sleep hygiene/patterns. Silenor is not recommended for long-term use due to the risk of dependency. Its use is recommended to be no greater than 4 weeks, which the patient has exceeded. Thus this request is deemed not medically necessary.