

<b>Case Number:</b>	CM15-0128080		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 64-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 5, 2009. In a Utilization Review report dated June 25, 2015, the claims administrator approved a request for Prozac while failing to approve request for Silenor (doxepin) and Ambien. The applicant's attorney subsequently appealed. The IMR application dated June 29, 2015 did seemingly suggest that all three determinations, Silenor, Prozac, and Ambien, were all being contested. On an RFA form of June 18, 2015, Silenor, Prozac, and Ambien were all endorsed. In an associated progress note of June 16, 2015, the applicant reported ongoing complaints of low back pain radiating to legs, 7/10. The applicant's medications included aspirin, Prozac, Lipitor, and Zestril, it was reported. The applicant had retired, it was suggested. Norco, Cymbalta, Prozac, and Ambien were endorsed. The applicant's permanent work restrictions were renewed. The attending provider stated that some consideration had been given to starting the applicant on Silenor (doxepin) but that the applicant's comorbid glaucoma reportedly contraindicated the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Silenor 3mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 3 Initial Approaches to Treatment Page(s): 47; 402.

**Decision rationale:** No, the request for Silenor (doxepin), an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Silenor may be helpful to relieve symptoms of depression, as were/are present here, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect 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 recommendations so as to ensure proper usage and so as to manage expectations. Here, the attending provider's progress note of June 16, 2015 was seemingly at odds with the subsequent RFA form of June 18, 2015. The attending provider reported on June 16, 2015 that she had elected to eschew prescribing Silenor on the grounds that she believed the applicant's glaucoma represented a relative contraindication to usage of Silenor. The attending provider did not reconcile the decision to eschew usage of Silenor on the June 16, 2015 progress note with a subsequent decision to prescribe the same on the June 18, 2015 RFA form. Therefore, the request was not medically necessary.

**Ambien 10mg #30 with 1 refill:** 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), Zolpidem (Ambien).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration.

**Decision rationale:** Similarly, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the 30-tablet, one-refill supply of Ambien at issue, in and of itself, represents treatment in excess of the FDA label. ODG's Mental Illness and Stress Chapter Zolpidem topic also notes that Ambien is not recommended for long-term use purposes. Here, the attending provider failed to furnish a compelling applicant-specific rationale which would offset the unfavorable FDA label and unfavorable ODG position on continued usage of Ambien here. Therefore, the request was not medically necessary.