MAXIMUS Federal Services

Case Number:	CM15-0175846		
Date Assigned:	09/17/2015	Date of Injury:	11/17/2014
Decision Date:	10/19/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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 44-year-old female who sustained an industrial injury on 11/17/2014. Current diagnoses include low back pain with radiation, right knee pain, neck pain, and headaches. Report dated 08-10-2015 noted that the injured worker presented for re-evaluation of the right knee, neck, and back pain. Other complaints included headaches and pain down the right leg. It was noted that the injured worker had trouble with sleep last night and woke up due to severe pain. It was also documented that the injured worker has not noticed any changes in sleep. Current medications include Percocet and Zanaflex. Physical examination performed on 08-10-2015 revealed tenderness over the cervical and lumbar paraspinal musculature, decreased range of motion with cervical extension and pain with lumbar flexion and extension. Previous diagnostic studies included a MRI of the lumbar spine and cervical spine, and urine drug screening. Previous treatments included medications, physical therapy, and epidural steroid injection. The treatment plan included recommendations for pain management until she can get her procedures performed, written prescriptions for Percocet and Zanaflex, and added Silenor for a one month supply, and refills for the Zanaflex and Silenor, and follow up in one month. In the report dated 07-13-2015, it was stated that with the use of Zanaflex the injured worker was able to get full 8 hours of sleep per night. Currently the injured worker is not working, because the employer cannot accommodate her work restrictions. Request for authorization dated 08-17-2015, included requests for Percocet, Zanaflex, and Silenor. The utilization review dated 08-27-2015, non-certified the request for Silenor. In this case, recent exam notes do not show signs of radiculopathy. Imaging does not indicate nerve root encroachment. More than 2 levels of ESI are not recommended. The request for the ESI does not meet the guidelines and is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Silenor 3 mg #30 with 3 refills: 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: 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.

Decision rationale: The claimant sustained a work injury in November 2014 and continues to be treated for low back and right lower extremity pain. When seen, cervical and lumbar spine surgeries had been recommended. She was having radiating pain into the right lower extremity and difficulty sleeping and was waking up multiple times with severe pain. Physical examination findings included cervical and lumbar paraspinal muscle tenderness. There was decreased cervical spine range of motion and pain with lumbar flexion and extension. Percocet and Zanaflex were refilled and Silenor 3 mg #30 was prescribed. 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant has insomnia secondary to knee pain. Primary treatment of her nighttime knee pain and further evaluation of its cause would be expected. Silenor was not medically necessary.