

Case Number:	CM13-0039662		
Date Assigned:	01/22/2014	Date of Injury:	02/02/2001
Decision Date:	06/11/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine 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 physician 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 62-year-old woman who sustained a work-related injury on February 2, 2001. Subsequently she developed the bilateral knee pain with cervical and lumbar pain. The pain is aggravated the by prolonged standing and walking. According to a note dated on August 26, 2013, her physical examination demonstrated that the patient has an antalgic gait, tenderness to palpation of both knees, lumbar tenderness with reduced range of motion and lumbar spasm. The patient was diagnosed with lumbar sprain, lumbar radiculopathy, degenerative disc disease, status post bilateral knee surgery and sleep difficulties. The provider requested authorization for the prescription of Doxepin and cervical pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR DOXEPIN (THROUGH EXPRESS SCRIPTS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: Doxepin is a tricyclic antidepressant. According to MTUS guidelines, antidepressant for chronic pain, "Antidepressants for chronic pain < Recommended as a first line

option 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. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. The effect of this class of medication in combination with other classes of drugs has not been well researched. (Finnerup, 2005) The "number needed to treat" (NNT) methodology (calculated as the reciprocal value of the response rate on active and placebo) has been used to calculate efficacy of the different classes of antidepressants. (Sindrup, 2005) " There is no recent documentation that the patient suffered insomnia or a neuropathic pain. Therefore, the request for Doxepin is not medically necessary.

1 CERVICAL PILLOW: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78.

Decision rationale: According to ODG guidelines, pillow is "Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit." There is no documentation that the cervical pillow is prescribed in conjunction with daily exercise. Therefore, the prescribed cervical pillow is not medically necessary.

1 URINE DRUG TEST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the

presence of illegal drugs." There is no evidence that the patient is taking or abusing illicit drugs. Therefore, the UDS is not medically necessary.